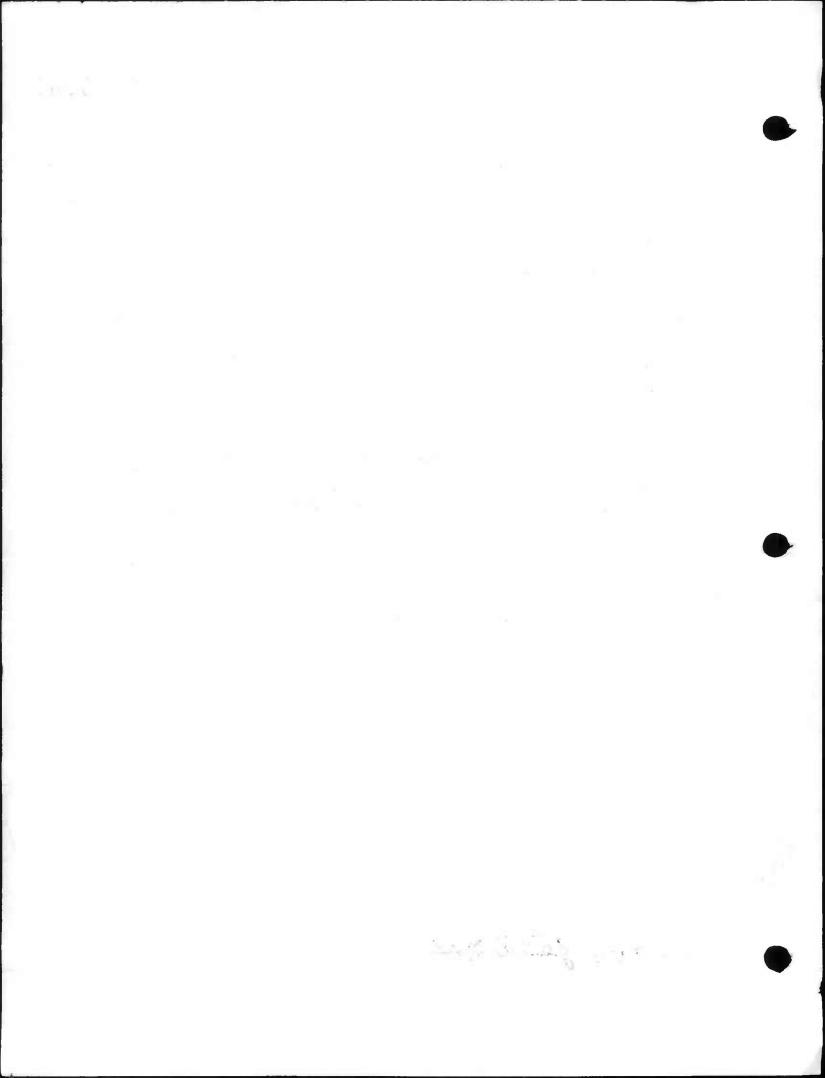
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USTINATION OF ATTENDING PROSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit person	Thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Miller of the market as them 22 shound again to other training or other training the market of market of the said
E.	后半	ed with	MOTTER

93 07001 FOR 1 - STATE REGIST STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CERTIF	ICALE O	F DEATH	REG. NO	J.	
	1. DECEDENT'S NAME (First, Middle, Last) FANYA TRAKHTEN	BERG				MARCH 12,	AY 1993 YEAR	3. TIME OF DEATH 6:10 A.M.M
	4. SOCIAL SECURITY NUMBER 219-80-6649	1 🗆 M 2 🔀 🗲	72 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) OCT. 11,	1920 RU	THPLACE (State or Foreign ntry) Hungary
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWI	OR LOCATION OF DE	ATH	9c. COUNTY OF	
DIRECTOR	THE JOHNS HOPKIN			BALTIM	ORE CITY			
	106. STATE 106. COUNT MARYLAND	γ		Y, TOWN OR LOC TIMORE	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6317 PARK HEIGHTS	S AVE., APT.	112		101. ZIP CODE 21215		10g. CITIZEN OF	WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS D	ECENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No- 14, RA	USA CE — American Indian.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR OR	DATES X		Specify Cuben, Mexica ES NO Specifi		Sne	CE — American Indian, ick, White, etc. ick/: ITE
	15. DECEDENT'S EQU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	DRESS M	se retired.)	nost of working	GARMENT		
BE CON	17. FATHER'S NAME (First, Middle, Lest) MOTO GONISBE	ERG			16. MOTHER'S NA SHEIN	ME (First, Middle, Malden IDL ROSENI	Sumame) 3LOOM	
0 8	19e. INFORMANT'S NAME (Type/Print)	10117 0101	19b. MAJLING	ADDRESS (Street	t and Number or Rural i	Route Number, City or Tow	n, State, Zip Code)	
۴	MRS. LILLIAN CHUDN					BALTO., MD		
	20e. METHOD OF DISPOSITION 4 M Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		Ob. PLACE AND DATE OF THE PRESENCE OF THE PRES	M pla CHI2	ZUK AMUNO	3/14/93 15/BAL	CATION — City or TIMORE,	Town, State MD
	21. SIGNATURE OF FUNERAL SERVICE LIK	ENSEE		SOL I		BROS., IN	NC.	
\vdash	23. PART I. Enter the diseases, or	complications that cause	and the death. Do	[6010	REISTERTO	OWN RD. BA	ALTO., M	
	or naart failure.	List only one cause on	aach iina.	ot anter tha n	lode of dying, suc	n as cardiac or raapi	ratory arrest,	Approximats Interval Between
	iMMEDIATE GAUSE (Final disease or condition	5080	SV 5				dulan	Onset and Daath
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF	F):			5/11/12	O hours
Z	Sequantially list conditions,	. Pren	onia			3	3 3 92	1 2 who
CERTIFICATION	if any, lasding to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF	F):		9.		
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
E	resulting in death) LAST		•	,				İ
	DART II On a stanting of the	Б.						
EDICAL	PART II. Other aignificant condition	1		in the underlyi	ng cause givan in	Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ğ	1010		05,05	meg	1.5)	1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
M	Tich Coupin	155102 to	Ilu zu	DOIPS		_		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1 MCCN	/	26	PLACE OF DEATH (Ch	Total and and		
SIC	EXAMINER?	HOSPITAL:	utostient 3 🗆 DOA	OTHER:	ome 5 - Residence			
Ŧ	27. MANNER OF DEATH	26e. DATE OF INJUR	Y 28b, TIM	E OF 28c II	YJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	inj		VORK? YES 2 NO			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, ferm, specify)	street, factory, of	lce	261. LOCATION (Street of City or Town, State)	and Number or Rural	Route Number,
9	290. CERTIFIER					***		
COMPLETED		CIAN: To the best of my kno						(a) and manner or stated
	296. SIGNATURE AND TITLE OF CERTIFIES				1			
BE	1h	AL.	\sim	13415	29c. LICENSE NUN	anc.rt	DATE SIGNE	D (Mortin, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	PEATH (ITEM 27) (Type	Printi			1/0	413
	U	- /		32=13				W. W.
	MAR 17 1993	BEGISTRANDSIG	A STATE OF THE STA					



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

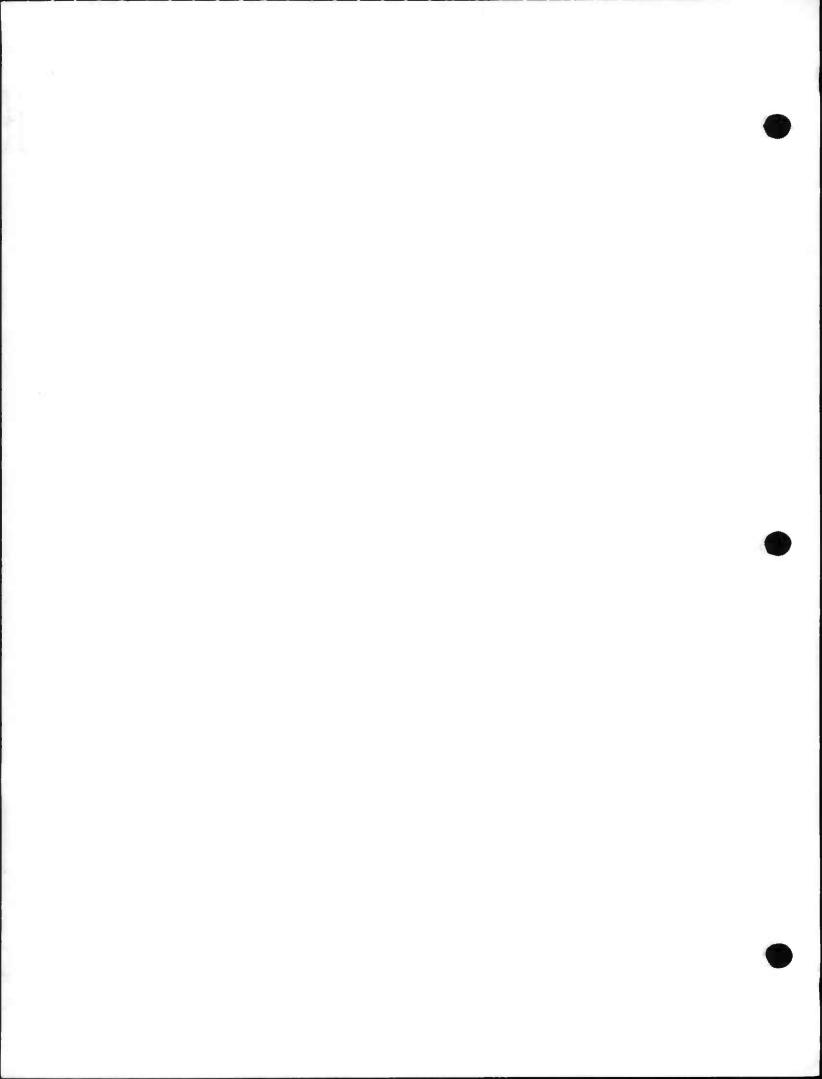
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BEE - A

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transic
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEI		
1. DECEOENT'S NAME (First, Middle, Li	nst)				2. DATE OF DEATH		3. TIME OF DEATH
Esther Irene	Trott				03-15-9	13	YEAR
4. SOCIAL SECURITY NUMBER		940	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	B. BIRTHPLACE (State or Foreign Country)
213-64-2160 9a. FACILITY NAME (If not institution, gr	1 M 2 F	93 YRS.	5,550	R LOCATION OF DE	0 8 - 2 7 - 1 8		Maryland
1211 Linton I	Lane			y Side			Arundel
MD 106. STATE 106. COL	ne Arundel	10c. CITY, TO Shad	y Side	ON			10d. INSIDE CITY LIMITS? 1 YES 2 V NO
100. STREET AND NUMBER 1211 Linton I	ane			20764		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN cify Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No — 1	4. RACE — American Indian, Black, Whits, atc. Specify: White
15. DECEDENT'S I (Specify only highest g	EDUCATION rade completed)	16a. DECEDENT'S USL (Give kind of work			16b. KIND OF BU	ISINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	We Do NOT use ne Housewif	tired.)	or working	Home	<u>.</u>	
17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Meide	Sumeme)	
Jacob Linton					ia Parks		
190. INFORMANT'S NAME (Type/Print) St anley Trot	:t	19b. MAILING AO	ORESS (Street ar		Poute Number, City or To		
20s. METHOD OF DISPOSITION 1 □ Turnel 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	20b. Semoval from State	PLACE AND DATE OF D etery, crematory or other, OOD field	Place)	me of			ly or Town, State
21. SIGNATURE OF EUNERAL SERVICE	LICENSEE	oodrieid	22. NAME AN	O ADDRESS OF FA	CILITY		lle, MD
· Oat fo	all L		12 R:	idaelv	neral Ho Ave. Ann	apoli	is, MD 21401
23. PART i. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PNEW	ach line.	enter the mod	de of dying, suci	h as cardiac or resp	lratory arres	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A	CONSEQUENCE OF):					
PART II. Other algorificant condit	tions contributing to death be	ut not resulting in t	he underlying	cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL/	ACE OF DEATH (Che	ack only one)		
1 YES 2 WO-	1 Inpetient 2 I ER/Outp			5 Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOR		28d. DEŞCRIBE HOW	INJURY OCCU	RED
3 Suicide 8 Could not 4 Homicide detarmined		— Al home, farm, stree ify)	t, factory, office		26f. LOCATION (Street City or Yown, State	and Number or	Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PH	IYSICIAN: To the best of my knowle	edge, death occurred at	the time, date of my opinion, de	and place, and due	to the cause(a) end ma	nner ea stated.	. cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTI				29c. LICENSE NUM			SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	Million /	un	_	7307	8	1 3	2-16-93
John D Ja	celesar, 18	33 GAS		, Au	ieroa,	Md	71801
MAR 1 7 1002	32. REGISTRAR'S SIGNA	Randella					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTER	TO THE FUNERAL DIRECTOR	be filed within 72 hours after	IMPORTANT: If item 28

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BALTIMORE, MARYLAND 21215-0020

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ITEMS: 23 PART I, II, 27,28a-f PER MEO G-697 93 07003 3/18/93 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BRIDGETTE YEAR VANDERVALL 0.3 93 :10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lest birthdey) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 T F 5 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MEDICAL CENTER DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Timore 3802 Ar FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Arbutus 207 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO RACE — American Indian, Black, White, etc. 1 Never Married If yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify: 2 Merried BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced lack COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Sales dary (0-12) College (1-4 or 5+) th grade 17. FATHER'S NAME (First, Middle, Last. 18. MOTHER'S NAME (First, Middle, Maiden Surname, a and BE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stre Number, City or Town, State, Zip Code) 9 102 AVe 20 20s. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Removal from State other place; 3/9/9 Park 4 Donation 5 Other (Specify) 100 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OF FACILITY DEFFICK C. Heights Ave. Bair Junes Funeral Hon 4611 Dark Bal Temore MU21215 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, Approximats ahock, or heart feliure. List Dniv Dne ceuse Dn each ilne interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition_ . NARCOTIC AND COCAINE INTOXICATION reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF)

ause. Enter UNDERLYING AUSE (Disease or Injury			
nat initiated events eaulting in death) LAST	events DUE TO (OR AS A CONSEQUENCE OF):		
ART ii. Other aignificent co	nditions cont	ributing to deeth but not resulting in the underlying ceuse given in Part i.	24a. W

WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO

			CONGINIONS	continuating	ID Geetii Dui	not resulting	in the ut	iderlying ceus	e given in Part I.
EN	1000	CARDI	TIS						

COMPLETION OF CAUSE OF DEATH? 1 XYES 2 NO 1 YES 2 NO

WAS CASE REFERRED TO MEDICAL EXAMINER? 1. XXES 2 NO	HOSPITA
MANNED OF DEATH	20. 0

26. PLACE OF DEATH (Check only one) AL: ont 2 XER/Outpatient 3 DOA OTHER: g Home 5 - Residence 8 - Other (Specify) DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 Natural	5 Pending
2 Accident	Investigation
3 Suicide	6/ V Could not be
4 Homicide	Could not be determined

1 YES 2X NO 3/93 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) ON STREET

UNKNOWN 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Pulaski & Herbert St

TO THE EXPLINATION OF THE PROPERTY OF THE PROP	. On the been of ex	annimiation eng.
296. SIGNATURE AND TITLE OF CERTIFIER	1	MD

1 __ CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner es stated.

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER O.C.M.E 03- 04- 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN STREET BALTIMORE, MARYLAND 21201

WRIGHT

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(Check only one)

DONALD





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MMA PARCH 1993 6.00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last hirthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Sta Country) DAYS HOURS MIN 1 M 2 X F 30 3865 219 7AYA7 MARYL Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERIDIAN - LO OCH RAVER BALTIMORE owson 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? PARYLAND DALTIMORE 1 - YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? detached for use as the burial-transit 70PP 305 129 21204 P ·A hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burlal-tran 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 ₩ Widowed 4 □ Divorced CTIHW COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) AT- Homs 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) THO L JOSPSR ADIO BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 å 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 3-13 20c. LOCATION — City or Town, State must 4 ☐ Donation 5 ☐ Other (Specify) REMATORY medical examiner 22. NAME AND ADDRESS OF FACILITY DEMORIES EVANS CHAPEL OF DEMORIES 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 8800 HARFORD completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, Dr complications that caused the death. Dp npt enter the mode of dying, shock, Dr heert failure. List only ene cause on each line. Approximata terval Batween 6 IMMEDIATE CAUSE (Fine) Onset and Death 24 the disease or condition within event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed prior to burial, traumatic CERTIFICATION en signed by the attending physician and of Health and Mental Hygiene prior to bur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL that the 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 TYES 25K NO requires neway 1 YES 2 certificate has been h the State Dept. of h PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? 1 ☐ YES 25€ NO HOSPITAL: OTHER:
452 Nursing Home 5 - Residence 8 - Other (Specify) Inpetient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED death with is marked, this 1 Natural BY 1 YES 2 NO After 2 Accident 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 8 Could not be determined COMPLETED hours after item 28 is DIRECTOR 4 Homicide 29a, CERTIFIER 150 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in an application, death occurred at the time, data and place, and due to the cause(s) and manner as attend. 29b. SIGNATURE AND TITLE OF CERTIFIE LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 154 PARCH 11 1993 2 DECOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 331 BYLA: R 160720

32. REDISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HI	EALTH AND	MENTAL	HYGIENI	5 0	, 0	1003	
- 0	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			TIME OF DEATH	
	WW Anna	Wagno	r			MONTH	3 14	1 0	3	1145 A	м
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday) IF I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPL	ACE (State or Foreign	\exists
- 9	212-40-1944	1 M 2 F 7	Q YRS. MON	ITHS DAYS	HOURS MIN.		, Day, Year) /03/15		Country) Mary	land	
. 1	9s. FACILITY NAME (If not institution, give str	eet and number)		CITY, TOWN OF	R LOCATION OF DI		/03/13	9c. COUNT			-
E	Sinai Hospital										
5	RESIDENCE OF DECEDENT			<u>saltimo</u>	re				_		\dashv
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION	ON				10	Id. INSIDE CITY	
	MD Baltir	more	Arbut	us					1	YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?	
ij	1240 Stevens Aver	nue		2:	1227			USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		NDENT OF HISPAI			or No- 14	RACE -	American Indian, Vhits, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES			incert, etc.)		Specify:		
	15. DECEDENT'S EDUC	47701								white	
COMPLETED	(Specify only highest grade of	completed)	(Give kind of work of the Do NOT use ret	done during mos	t of working	16b.	KINO OF BUS	INESS/INDUS	TRY		Н
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)					1.0				
Ž	12 17. FATHER'S NAME (First, Middle, Lest)		Homemake	r			elf				4
	To the contract of the contract of				18. MOTHER'S NA			Sumame)			
8	Joseph Werner F	Kromeke			Anna Mu						
2					d Number or Rural				ode)		
	Anna E. Roberts 200. METHOD OF DISPOSITION	1			oad, Wes				1158		4
- 3	1 XBurial 2 Cremation 3 Remo	val from State cem	PLACE AND DATE OF DE	place)		DATE		CATION — CIT		-	J
	4 Donation 5 Other (Specify)		altimore N	ationa.	l Cemete	ry 3	/119 Ca	tonsv:	ille	, MD	4
		5								Home, Inc.	٠
	1	A -	->-37	1328 51	alphur S	brin	g Ra.	Arbuti	us, I	MD 21227	
	23. PART i. Enter the diseases, or co shock, or heart fallure. L	omplications that ceused	the deeth. Do not e	enter the mod	e of dying, suc	h aa card	iac or respir	atory arres	t,	Approximate	
1	IMMEDIATE CAUSE (Final	ast only one cause on ea	1	Λ ,	0					Onset end Death	
	disease or condition resulting in death)	MI	(myocar	d in	farc)						1
- 1	rooming in addition	DUE TO (OR AS A	CONSEQUENCE OF):		1			<u> </u>			٦
z		Hypoxe	ma)								
티	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	mery	,						
<u>১</u>	CAUSE (Disease or injury	CHF	PER L	-Vast	inc						
Ħ	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):	_ ' '							1
CERTIFICATION	d.	SIP II	17 714:	3							4
AL O	PART ii. Other algnificent conditions	contributing to deeth b	ut not resulting in th	ne underlying	cause given in	Part i.	24a. WAS AN /	WTOPSY	24b. W	ERE AUTOPSY FINDINGS	\exists
2							PERFOR			MILABLE PRIOR TO OMPLETION OF CAUSE	1
밀							1 TYES 2	∐ NU		F DEATH?	-1
2	2.3					-			'	YES 2 NO	1
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. Pt 4	CE OF DEATH (Ch	eck only en	9)				4
Sic	EXAMINER?	HOSPITAL:		HER:							H
ξ	27. MANNER OF DEATH	28s. OATE OF INJURY	28b. TIME OF		5 Residence		(Specify)	HIRV OCCIN	DED		4
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOR	K?	200. DEG	CHIBE HOW IN	JOH! OCCO!	NED		-1
à	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY	— At home, farm, street		-5 1 NO	284 1.004	TION (Street a	nd Mumbar as	Burnt Bau	to Mumbas	4
요	4 Homicide 6 Could not be	building, etc. (Spec	ify)	i, rectory, office			or Town, State)	no Number or	nurei nou	e Number,	
9	29a, CERTIFIER										4
MP		IAN: To the best of my know									1
COMPLETED		: On the besis of examination	and/or investigation, in	my opinion, de	ern occured at the	time, dats	and place, and	due to the o	suse(s) a	nd manner as stated.	_]
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0/1			29c. LICENSE NUI	WBER 2010	49710	29d. DATE S	IGNEO (M	onth, Day, Year)	7
2	DIMINIMAN	wy			73 2402	2421	07 119	2	114	93	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prim	1)	AS 2402 Bolt	^^	1				1
	31. DATE MILED/(Ighnet) Day 1641002	IL OJ B	WIT MO	ll,	1304	TIY	d				
	WAR 1993	CA AFRICATION	The state of the s								
- 1		1									

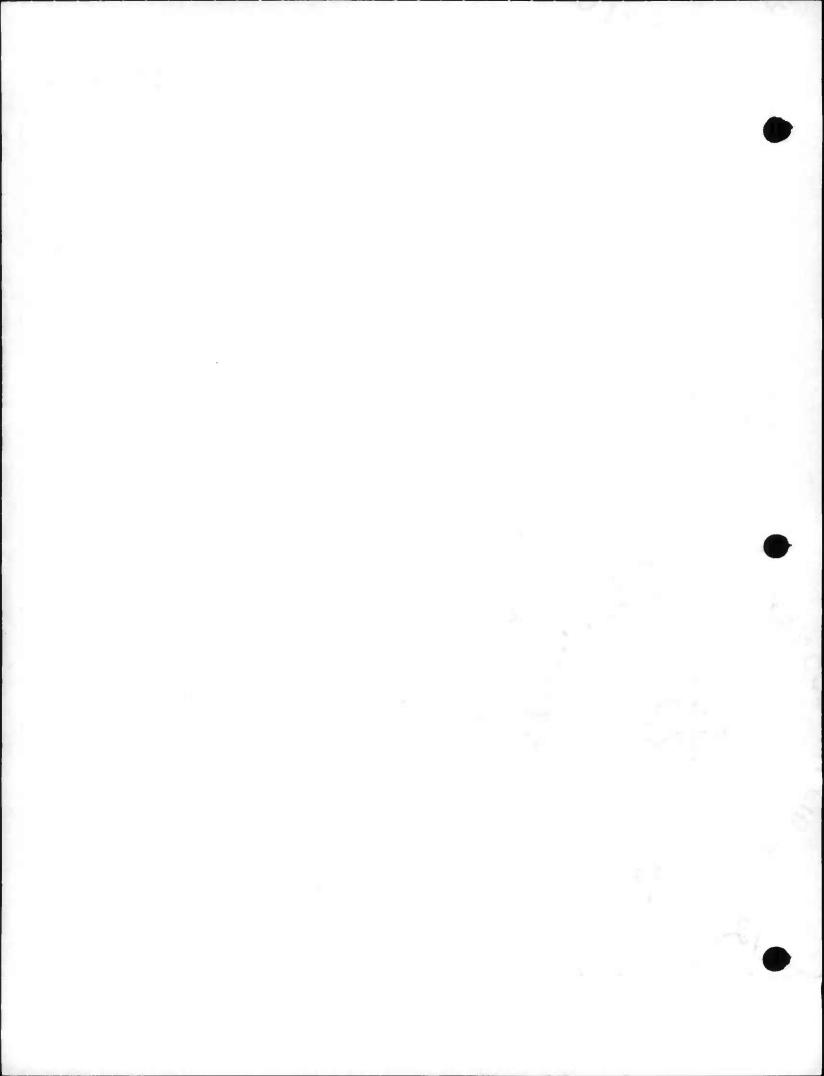
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, in by the funeral director, page 5 should be detached for use as the bunlat-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation or centeral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

		1. DECEDENT'S NAME (First, Middle, Last)	-	CENTIFIC	AIE C	P DEATH	REG.		
	- 4	Reba Wer			INER)	2. DATE OF DEATH	DAY	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH
P	9	4. SOCIAL SECURITY NUMBER 220-20-7620			UNDER 1 YE		7. DATE OF BIRTH (Month, Pay, You	"3	B. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA
3 should	E G	9a. FACILITY NAME (If not institution, give s	reet and number)	Himme !	CITY, TO	WN OR LOCATION OF DI		9c. COUNT	TY OF DEATH
1, 2,	CTOR	HESIDENCE OF DECEDENT		0111.00	1/4				
nit. Pages	DIRE	MARYLAND 106, COUNTY		10c. CITY, T BAI	TIMO				10d. INSIDE CITY LIMITS? 1 XES 2 \(\text{NO}\)
nsit permit.	ERAL	100. STREET AND NUMBER 5608 WOODCREST	AVE.			10f. ZIP CODE 21215		10g. CITIZI USA	EN OF WHAT COUNTRY?
215-0020 attending physician. ise as the buriat-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 NO	If yes	DECENDENT OF HISPAI I, specify Cuben, Mexica YES 2 100 Specif	n, Puerto Rican, etc.	y Yes or No 1	14. RACE — American Indian, Black, White, atc. Specify: WHITE
1215-0 r attending use as the	ETED	15. DECEDENT'S EDUI (Specify only highest grade		16a. DECEDENT'S USI			16b. KIND OF	BUSINESS/INDU	
21 mg		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	g most or working	AT H	OME	
AND 2 the hospital detached to	COMP	17. FATHER'S NAME (First, Middle, Last)	2	HOUSEWI	FE	T 40 MOTUFO IO MA	ME (First, Middle, Ma		
1 8 8 K	CC	ALEXANDER	MINSK			SAR		UMSTEIN	
C 2 3 3	98	19a. INFORMANT'S NAME (Type/Print)	7.022	19b. MAILING AD	DRESS (Str	eet and Number or Rural			
2 2 0		MRS. LILLIAN COH	EN	5608	WOOD	CREST AVE.	BALTO.	,MD 21	215
THE SE TH		20a. METHOD OF DISPOSITION 1 D-Burial 2 Cremation 3 Ram		b. PLACE AND DATE OF D	ISPOSITIO				ity or Town, State
Page 6 mail director, par		4 ☐ Donation 5 ☐ Other (Specify)		ARLINGTO	DN (C	HIZUK AMUN		/93 BA	LTO.,MD
BALTIMOF after death. Page 6 m by the funeral director, moval.			tillwan		SO	e and address of fa L LEVINSON 10 REISTER	& BROS.		., MD 21215
OX 68760, the executed within 24 hours after siclar and completely filled in by the find to builal, cremation, or remover traumatic event, the medical		23. PART 1. Enter the diseases, or chock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. Preun DUE TO (OR AS	A CONSEQUENCE OF):	enter the	mode of dying, suc	h aa cardiac pr n	espiratory arre	st, Approximate Interval Between Onset and Death
P.O. B th certificate ending physical Hygiene p	ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
the death y the attend Mental H		PART II. Other eignificent condition	a contributing to death	but not regulting in t	he under	ying cause given in	Part i. 24a. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
RECOR v requires that been signed b t, of Health an	MEDIC						PEF	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAL AN: The law inficate has the State Dept Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			B. PLACE OF DEATH (Ch	eck only one)		
SICIAN: The certificate h the State if or item	YSI	1 TYES 2 NO	1 Inpetient 2 ER/Ou		THER:	Home 5 🗆 Residence	6 Other (Specify)		
ON OF VITA OPTIONS PHYSICIAN: The After this certificate hat death with the State D	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	MUUM	M 1	INJURY AT WORK?	28d. DEŞCRIBE HO	OW INJURY OCCL	IRED
after 2	E	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Spi	RY — At home, farm, atredecity)	rt, factory,	offica	26f. LOCATION (St City or Town, S		r Rural Route Number,
風風だり	MP	one) 2 MEDICAL EXAMINE							d. cause(a) and menner as stated.
TO THE HOSPI TO THE FUNER be filed within	BE	296, SIGNATURE AND TITLE OF CENTURES	7 Praeli			S CNAC	HOIRIT		SIGNED (Month, Day, Year) 3/10/93
6	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D		UAI	HOSPINA			ORE
7		31. DATE FILED (Month, Day, Year) MAR (1170 1003) 4u	32. REGISTRAR'S SIG			, , , , , , , , , , , , , , , , , , , ,	_ (0/)	0 0	
		mm 111 133 1 20	and manufactory-Nov	TO COLO					

ALE CONTRACTOR

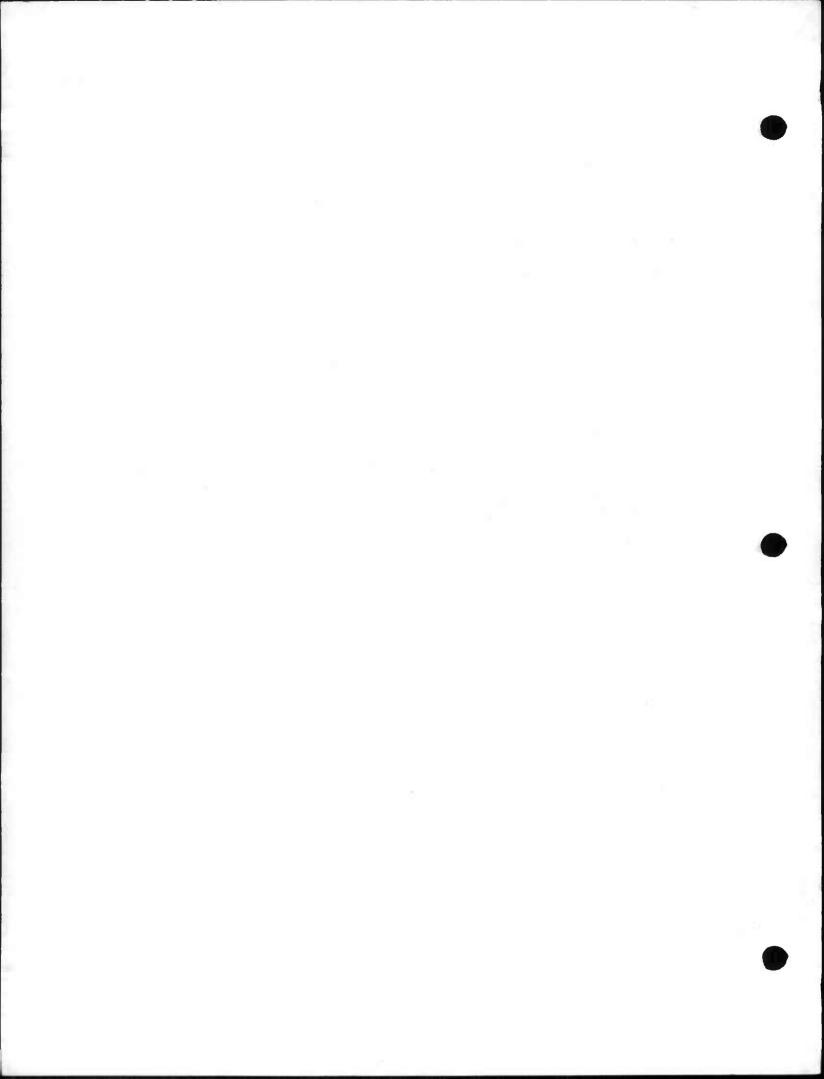
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained for within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH ANI ATE OF DEATH	MENTA	L HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Lest) Vernon		WRIGHT,		2. DATE	E OF DEATH	93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le		DI.		3 / 2 OF BIRTN		IPLACE (State or Foreign
	214-12-8496	1 ☑ M 2 □ F 71	VRS. MON	THE DAYS HOURS MIN	. Jun	th, Day, Year) Le 20 192	Count	ryland
NG.	9a. FACILITY NAME (If not institution, give s Harbor Hospital	treet and number)		city, town or Location of Baltimore	DEATN	9c.	COUNTY OF D	EATH
5	RESIDENCE OF DECEDENT							
DIRECTOR	Maryland Bal	v timore		wn or Location Baltimore				10d. INSIDE CITY LIMITS? 1 YES 21 NO
	10e. STREET AND NUMBER			101, ZIP CODE		100	. CITIZEN OF V	VHAT COUNTRY?
FUNERAL	3155 Ryerson C	ircle		21227	,	1 "	U.S.A	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS DECENDENT OF HIS			0- 14. RACI	- American Indian,
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 🖾 YES 2 🗆 IF YES, GIVE WAR OR DATES WWII	NO	If yes, specify Cuban, Max 1 YES 2 NO Spe		Rican, etc.)	Spec	c, White, atc.
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION 16a. D	ECEDENT'S USU. Give kind of work of the Do NOT use reti	done during most of working	168	b. KIND OF BUSINES	S/INDUSTRY	
PE	Elementary/Secondary (0-12) 7th	College (1-4 or 5+)		Fender repair	man	A	uto Re	pair
BE CON	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S	NAME (First,	Middle, Maiden Sume	(me)	
10 B	19a, INFORMANT'S NAME (Type/Print)		96. MAILING ADD	RESS (Street and Number or Ru	ral Floute Num	nber, City or Town, Sta	te, Zip Code)	
۴	Vernon Wright,	Jr.	522 Kei	nt Road, Glen	Burn	ie, MD	21061	
	20a. METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 D Other (Specify)	oval from Stata cemetery, ci	remetory or other p	SPOSITION (Name of lace)	DAT		ON — City or To	
	21. SIGNATURE OF TUNERAL SERVICE LIC	system rieado	owriage	Memorial Par		6 Elkr	idge,	MD
	· (unti H	(land)		HUBBARD FUNE 4107 Wilkens	RAL H			21220
	IMMEDIATE CALISE (FIRST	End State plus to (or as a ponsi	10.	nter the mode of dying, a	uch aa can	diac or respirator	y arrest,	Approximate Interval Between Onset and Death
NOI	Sequentially list conditions,	b. DUE TO (OR AS A BONSI	1018					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	cDUE TO (OR AS A CONSE						
G		d						
MEDICAL	PART II. Other algnificent condition	s contributing to deeth but not	resulting in th	e underlying cause given	in Part I.	24a. WAS AN AUTO PERFORMED: 1 YES 2 A		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only or	ne)		
YSK	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpatient		HER: Nursing Home 5 - Resident	ce 6 🗆 Othe	er (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	_	SCRIBE NOW INJUR	Y OCCURED	
B	2 Accident Investigation	200 BLACE OF IN HUM		M 1 YES 2 NO	1			
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, ferm, street	, fectory, office	28f. LOC City	CATION (Street and No or Town, State)	umber or Rural I	loute Number,
COMPLETED		CIAN: To the best of my knowledge, d R: On the basis of examination and/or) and manner as stated.
8	296. SIGNATURE AND TITLE OF CENTIFIES	27		29c. LICENSE I		290	DATE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITI	EM 27) (Type, Print	ENTER 3001	5.16	MAKE ST	2/12/	5 Balhmurmi
	31. DATE FILED (Month Only Year) MAR 1 1993	. REGISTRAR'S SIGNATURE	(103)	CHICI JOIL	- [101	1,066, 21.	71-0	- 1/4(11111/11/C)
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BALTIMORE, MARYLAND 21215-0020

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1	TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

Cohen,

MAR 9

Gary I.

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

M.D.

'93

6565 North Charles St.

Mandell

	FOR									9	3 0	700	8
	1 - STATE REGISTRAR	STATE OF N					HEALTH AN DEATH	D MEN	ITAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)						DEATH		DATE OF DEATH			TIME OF OE	ATH
	Bonnie L. Abb	ott							larch 8		93	9:30	Дм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDI	DAYS	IF UNDER 24 HI	7. E	MORTH DEV. Year)		8. BIRTHPLA	CE (State or	Foreign
	279-38-1876	1 🗆 M 2 💢 F	53	YRS.	MONTHS	DATS	HOURS M	0c	t. 30,	1939	Country	io	
~	9a. FACILITY NAME (If not institution, give st				9b. CIT		OR LOCATION O			12000000	NTY OF DEAT		
<u>ō</u>	Carroll County G	eneral H	osp.			Wes.	tminste	r			Carrol	il .	
DIRECTOR	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION				10-	I. INSIDE CI	TY
ä	Maryland Ba	ltimore			Re	iste	rstown				1.	LIMITS?	Ó NO
FUNERAL	10a. STREET AND NUMBER			-			I. ZIP CODE			10g. CIT	ZEN OF WHA		
띮	1039 Green Hill						21	136			USA		
5	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S., AF	RMED	13	. WAS DE	CENDENT OF HI	SPANIC OI	RIGIN? (Specify Yes	or No-	14. RACE Black, W	American In	dlen,
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE W				1 TYES	pecify Cuban, Me S 2 X NO S	ocity:	erto Hican, etc.)		Specify:		
	15. OECEDENT'S EDUC	CATION	140.00									ite	
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	CEDENT'S live kind of a Do NOT us	work done se retired.	during m	ost of working		16b. KIND OF BU	SINESS/INC	DUSTRY		
4		College (1-4 or 5+	,	Can	sul:	tant		- 1	May	agem	ont		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Y/I/		0011			18. MOTHER'S	NAME (F	irst, Middle, Maiden		Civo		
BEC	Harold Bradley								cEldolei				
2	19a. INFORMANT'S NAME (Type/Print)								Number, City or Tow				
-	Charles R. Abbot	t		1039	Gree	en Ha	ill Far	m Ro	ad Rei	ster	stown,	Md.	2113
	20a. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Ramo	oval from Stata	20b. PLACE	AND DATE	OF DISPO	SITION	ame of		DATE 20c. LO	CATION -	City or Town,	State	
	4 Donation 5 Other (Specify)	FWEET	_tverg/	reen					-93 FA	nksb	urg, N	laryla	ind
	Le le	20 1	2		22	. NAME A	ND ADDRESS O		11824 Re	isto	rstour	Road	1
_	James ,		ec		. 1	Eline	e Funer	al H	ome Rei	ster	stown.	Md.2	1136
	23. PART I. Enter the diseases, or c ehock, or heart feliure. I	omplications that List only one cau	t ceused the de	eth. Do r	not ente	r the mo	ode of dying,	such ae	cerdiec or respi	ratory srr	est,	Approxim	
-	IMMEDIATE CAUSE (Finel											Onset ar	
	resulting in death)	. CHC	MORE	3011	247	101	4 A	Me	77				
		DUE TO	OR AS A CONSE	OVENCE O	F):	AN	~1	0.40	1		n		
ğ	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	FI:	7,10	E/\	> M	ALL 13	owe			
8	cause. Enter UNDERLYING										j		
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	resulting in death) LAST	J											
- 1	PART II. Other significant conditions	contributing to	death but not r	resulting	In the u	nderlyin	g cause given	In Part	i. 24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY	FINDINGS
PHYSICIAN: MEDICAL									PERFOR	MED?	AVA	ILABLE PRIOR	OT P
Ä	. =								1 TYES 2	No		DEATH? YES 2	NO
ä								**			''	1 129 2	NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DEATH	(Check on	ly one)				
KSİ	1 TYES 2 ANO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE		ne 5 Residen	ce 8 🗆 (Other (Specify)				
E	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da		28b. TIM	E OF URY		URY AT	28d.	DESCRIBE HOW II	NJURY OCC	URED		
B	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2 NO						
G 1	3 Suicide 8 Could not be determined	28a. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, farm, i	street, fac	ctory, offic		28f.	LOCATION (Street a City or Town, State)	nd Number	or Runal Route	Number,	
	No. CERTIFIED												
COMPLETE	(Check only CERTIFTING PHYSIC												
	2 MEDICAL EXAMINER	. On the page of ax	emmention and/or	rrvestigatio	n, in my	opinion, d			data and place, an				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE	_	4	29d. DATE	SIGNED (MO)	oth, Day, Year)
2	30 NAME AND/ADDRESS OF BERSON WHO						DZ	1/3		,	3/7/7	3	

Towson, Md.

21204

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTHAR		CEI	TIFICA	IE OF	DEATH	REG. N	O.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH	DAY	YEAR :	. TIME OF DEATH
JEROME	P	DKINS				02 26	199		19.30
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest b	irthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPI	LACE (State or Foreign
222-12-5134	1 DM 2 DF	89	YRS. MONTH	S DAYS	HOURS MIN.	(Month, Day, Year)	202	Country)	7
9a. FACILITY NAME (If not institution, give	etmat and number)	09	9b C	TOWN	OR LOCATION OF O	05-28-1		TY OF DE	land
						EATH	3C. COOK	III OF DE	NI II
210 Snow Hil	1 Road			Sali	sbury		Wi	comi	co
10a. STATE 10b. COUNT			10c. CITY, TOW	N OR LOCA	TION			1.	IOd. INSIDE CITY
									LIMITS?
	omico		Sal	ishu					YES 2 NO
100. STREET AND NUMBER				10	H. ZÍP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?
210 Snow Hil	1 Road				21801			II S	
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARM			CENDENT OF HISPA	NIC ORIGIN? (Specify	ea or No-	14. RACE -	- American Indian,
1 Never Married 2 Married		☐ YES 2 1 NO WAR OR DATES			S 2 NO Specific	in, Puerto Rican, etc.)		Specify.	White, atc.
3 Widowed 4 Divorced						,	- 1	Whi	
15. DECEDENT'S EDL	CATION	16a. DECE	DENT'S USUA	L OCCUPATI	ON	16b. KIND OF B	USINESS/IND		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Hin D	kind of work do to NOT use retire	one during m ed.)	ost of working				
Lightening (0-12)	College (1-4 of 5		aatan	Maa	handa				
CT EATHERIC MARK (First Middle Access		111	accor	Mec	hanic	145 (5)		-	
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maid			
Peter H. Ad	kins				l Mar	V Halla	nd		
19a. INFORMANT'S NAME (Type/Print)		. 19b.	MAILING AOOF	ESS (Street	and Number or Rural	Route Number, City or 1	own, State, Zip	Code)	
Mrs. Sandra	Marine	М	eadow	lark	Orive	Salish	ITV	Md	21801
20a. METHOD OF DISPOSITION			ND DATE OF O				OCATION -		
1 Description 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	of cemetary, c	rematory or oth	er place)		3/3 P	Δ		M I 04056
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- I Perr	yhawk		NO ADDRESS OF FA		An An	ne,	Md 21853
	7.6	0				uneral H	domo		
James 2 11	mm-	L. MOO	295			Anne		1050	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	b	ION AS A GONSEQU	ENCE OF):	rej	Hise	ase			Onset and Daa
If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in deeth) LAST	e	O (OR AS A CONSEQU							
PART II. Other eignificent condition	ne contributing to	deeth but not re	uiting in the	underlylr	ng cause given in	Part I, 24s. WAS	AN AUTOPSY	24b. 1	WERE AUTOPSY FINDING
							ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. F	PLACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 [HER:	me 5 Besidence	6 ☐ Other (Specify)			
27. MANNER OF DEATH	28a, DATE Of		26b. TIME OF		JURY AT	26d. DESCRIBE HO	V INJURY OC	CURED	
1 Natural 6 Pending		Day, Year)	INJURY	W	ORK?	Lou. DESCRIBE NO	. Atourt ou		
2 Accident Investigation					YES 2 NO				
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At hom , etc. (Specify)	e, farm, street,	factory, offi	lce	26f. LOCATION (Stre City or Town, Str		or Rural Ro	oute Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS						e to the cause(s) end of time, date and place,			and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R 🚣	//			29c. LICENSE-MO	MBER	29d. DAT	E SIGNED	Mg/fift, Day, Year)
12411111	11m	1100	(.	1	1030	71/9		3/1	197
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED ON	ISE OF SEATURITIES	27/26/2		1 030	175		11	
Fore t	Ed 9	A A A A A A A A A	84 S	al	L. Z	d			
31. DATE FILED (Month, Day, Year)	32. Reiges	LE DEVISOR	Pandelle	grant gr					

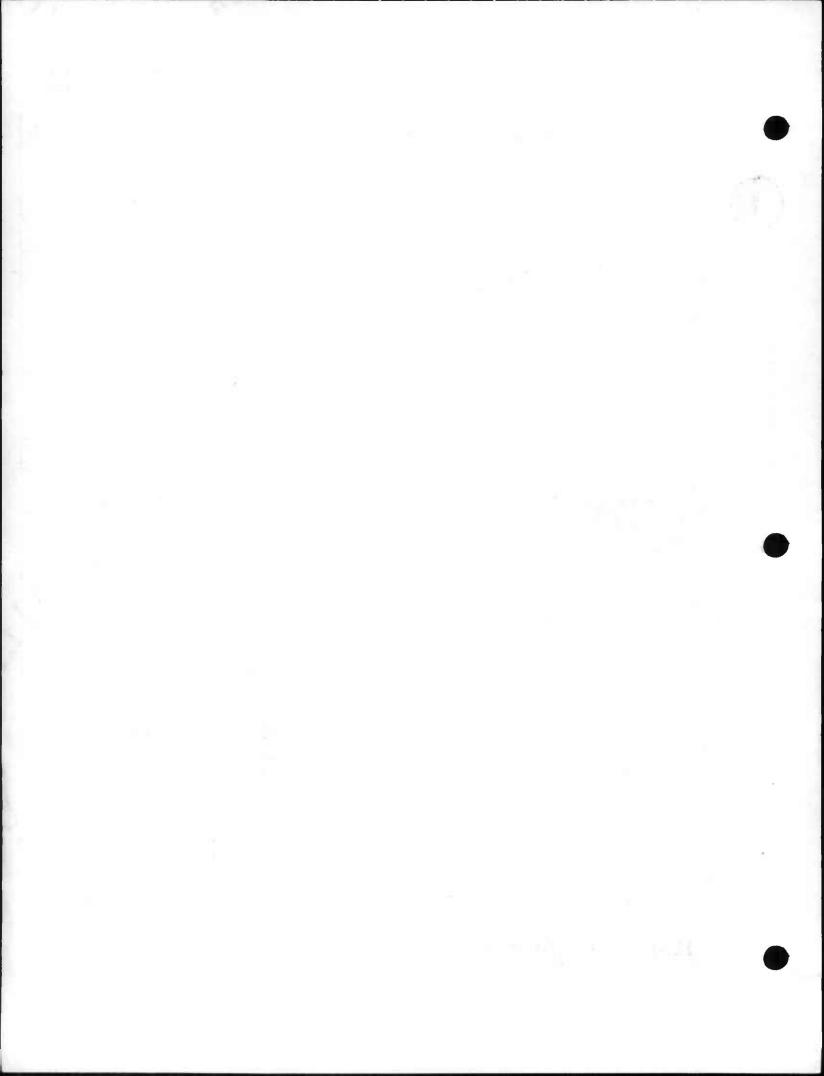
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 1225 Carl E. Allen 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 244-22-4341 1 X M 2 | F YRS. 9-26-1897 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH FUNERAL DIRECTOR Southern Maryland Hospital Center Clinton Prince George's RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Prince George's Temple Hills 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3702 Spring Terrace 20748 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS nours after death. Page 6 may be retained by the hospital or attending physicit led in by the funeral director, page 5 should be detached for use as the burial-t 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Marrie 1 TYES 2 THE NO Specify: Specify: BY 3 💢 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 1 year Self Employed Farmer Farming 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at Thomas W. Allen Kate Elder BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 3702 Spring Terrace, A. Futrel1 Temple Hills, Md. 20748 Pe 20s_METHOD OF DISPOSITION
1 ☐ABurlel 2 ☐ Cremation 3 ☐ Removel from State
4 ☐ Densition 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must Taylorsville Cemetery 2/27/93 Taylorsville, N.Carolina 21. SIGNATURE OF FUNERAL SERVICE LICEN examiner 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Hearge 20745 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shoot, or heart failure. List only one cause on each line. interval Between 0 IMMEDIATE CAUSE (Final Onset and Death nding physician and completely fille Hygiene prior to burlal, cremation, the disease or condition Arteriosclerotic cardiovascular disease executed within resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician Dept. of Health and Mental Hygiene prior to THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be ITHE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician led within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY shows any 1 TYES 2 X NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 X NO ne 5 🗆 Rasidence 8 🗀 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending Investiga M 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building. etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number of Rural Route Number, City of Town, State) 99 COMPLETED 6 Could not be Item 28 4 Nomicide determined 29s. CERTIFIER

(Chack only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE I BE D-18545 ▶ 2/22/93 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Philiḟ Wisotsky, M.D. 6188 Oxon Hill Rd.# 601 Oxon Hill, MD 20745 32 MEGISTRAR'S SIGNATURES FEB 2 3 1993



								93	07011
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	RTMENT	T OF HE	ALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	Alcamo, SA	2				2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-16-6687	5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
_	9a. FACILITY NAME (If not institution, give st	50)	9b. CITY	, TOWN OR I	LOCATION OF	12-12. DEATH		TY OF DEATH
DIRECTOR	PRESIDENCE OF DECEDENT	MED GR		1		POLI	5	AN	UNE ARUNDEL
DIRE	10a. STATE 10b. COUNTY	A 0.1. 0.	10c. CIT	Y, TOWN O	OR LOCATION	N .			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER	Buch				P CODE	2	10g. CITIZI	EN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2		13.	WAS DECENI	DENT OF HISP	ANIC ORIGIN? (Specify Y	na or No — 1	14. RACE — American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR OATES			1 TYES 2	NO Spec	can, Puarto Rican, etc.)		Black, White, etc. Specify:
ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)	DECEDENT'S (Give kind of v life. Do NOT us	work done		f working	16b. KIND OF BI	JSINESS/INDU	STRY
COMPLET	17. FATHER'S NAME (First, Middle, Last)		ONTE	RACT			PumB)		HEATING
BE CC	PIETRO	ALCAMO			16	ROS	AME (First, Middle, Maide	FOR	TE
10	19a. INFORMANT'S NAME (Type/Print)	ALCAMO	196. MAILING	ADDRESS	(Street and I	Number or Rura	ARNOL	wn, State, Zip C	(code)
	20a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Remo	oval from State 20b. PLAC	CE AND DATE O	OF OISPOS ther place)	SITION (Name	of		DCATION — CI	ty or Town, Stata
	21. SIGNATURE OF TUNERAL SERVICE LICE	ENSEE) vet	22.1		ADORESS OF F	ACILITY A	DWNSVI	ILE, MD
	· Yould	Barrano-					ons F.A. S	ERNA	PARK MD 2114
	23. PART VEnter the diseases, or conshered for the shock, or heart feliure. L	omplications that caused the List only one cause on each II	deeth. Do n ne.	not enter	the mode	of dying, au	ch aa cerdiec or resp	olratory arred	et, Approximete Interval Between Onset and Death
3	disease or condition resulting in death)	OUE TO (OR AS A CONS	- OF	3578	RUCT	CM			lwk
N	Sequentially liet conditions,	METAS	STATE OF	,	MAU	CHAD	T MELA	AMERI	4 3VB
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONS	SEQUENCE OF	F):					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF	F):					
-	PART II. Other significent conditions	contributing to deeth but no	t resulting i	n the un	derlying ce	suse given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS
EDIC/	Gastro	untestrual		edi	ne		PERFO	N A .	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL					0			,	1 TYES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	3 🗆 004	OTHER	t:	OF DEATH (C			
	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIMI	E OF	28c. INJURY WORK?	AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	REO
D BY	Z Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — At I building, atc. (Specify)	home, lerm, s			2 NO	281. LOCATION (Street	and Number or	Rural Route Number,
COMPLETED	4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSIC		do ath	446. "			City or Town, State		
COME	2 MEOICAL EXAMINER	EIAN: To the best of my knowledge, it: On the bests of examination and/o	or Investigation	n, in my op	me, data and pinion, death	place, and du	a to the cause(a) and ma a lime, data and placa, a	nner as stated nd dus to the o	cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	xore wi)		29	c. INCENSE NU	MBER 0364	29d. DATE S	SIGNED (Month, Day, Year)
2	TO MANE AND ADDRESS OF RESERVING	- X				- 11	U - U \	\perp \sim	1111

DEATH (ITEM 27) (Type, Print)
DEFORM ANNA PORUS

BARD

Julia Davidson Handall

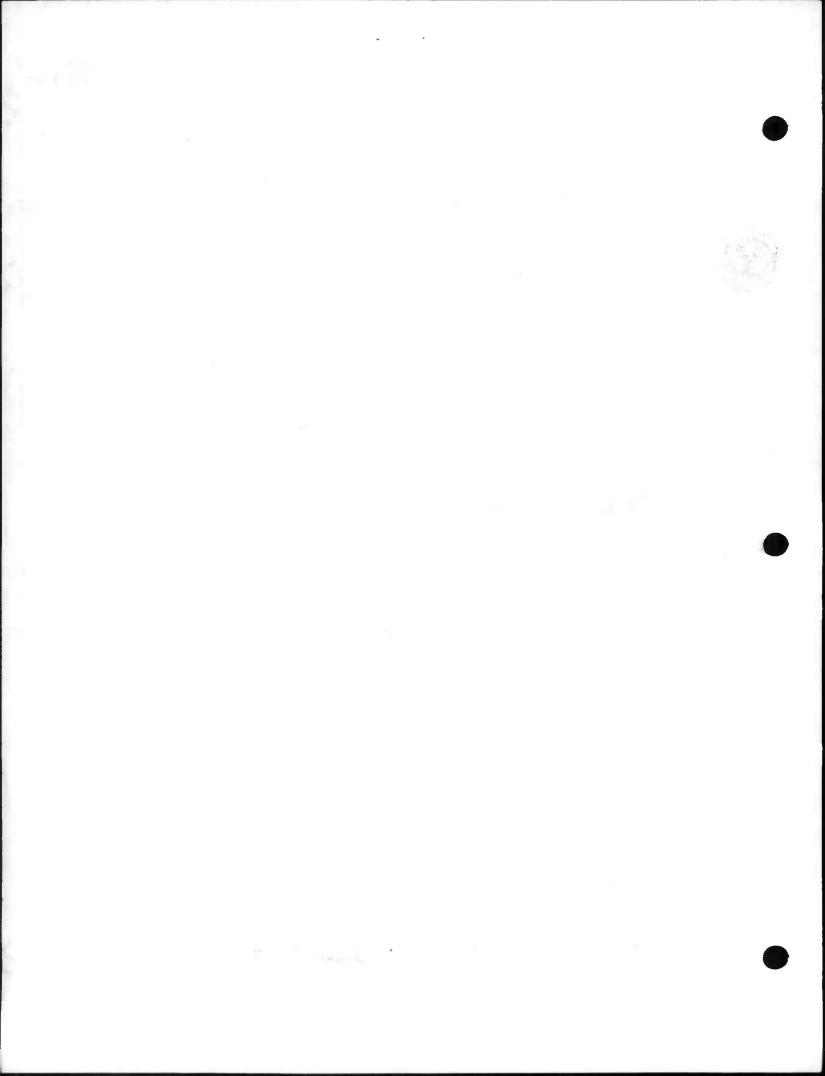
1993

21401

and

200	3	9	y
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bound to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	
ID 21	ospital or	hed for L	est.
YLAN	by the h	be detac	at once
MAR	retained	5 should	notified
ORE,	5 may be	tor, page	ust be
TIMO	h. Page I	eral direc	miner m
BAL	after deal	by the fun	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	24 hours	filled in ion, or re	the med
760,	ed within	ompletely sl, cremat	event, t
0X 68	be execut	ian and o	aumatic
O. BC	ertificate	ing physic giene pric	other tr
S, P.	e death c	he attendi Mental Hy	lury, or
CORD	s that th	alth and	s any In
- REC	w require	bt. of He	3 shows
VITAL	AN: The Is	State De	r Item 2
OF	PHYSIC!	this cert	irked, o
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be flied within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	8 Is ma
2	IL OR AT	L DIRECT	t Item 2
	HOSPITA	FUNERAL within 72	TANT: IL
	TO THE	TO THE be filed	IMPOR

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN		07012
	1. DECEDENT'S NAME (First, Middle, Last) ULOLLIA 4. SOCIAL SECURITY NUMBER	VIVI AN	JNHN		2. DATE OF DEATH DO NOTH DO NOTH	AY YEA	3 4:49 PM
	4. SOCIAL SECURITY NUMBER 220-07-7446 9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	(In yrs. last birthday) IF UNDER MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH 2 (Morth, Day, 1942)]	. Was	Shington DC
STOR	Southern Me	d Hospita		N TON	EATH	PRIL	
DIRECTOR		Arundel	Harwoo	od			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4776-G Carmody	Ct.		10f. ZIP CODE 20776		U.S	of what country?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 YES 2 NO Specif	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. SpecifiWhite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OF (Give kind of work done in the Do NOT use retired.) Secretery	during most of working	166. KIND OF BU	Gover:	
BE CON	17. FATHER'S NAME (First, Middle, Last) George Nichols	S			ME (First, Middle, Maiden e Withers		ols
TO B	Dwight Annan		96 Crain	s (Street and Number or Rural 1 Blvd. Box	Route Number, City or Tow X 255 Col	b Isl	and,MD 2062.
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		D. PLACE AND DATE OF DISPOS PERV. COMPOR MINE POSSOS	3·	-6-93 Cli	cation – city of Lnton,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	Echola		ÆHAKT™ECH aPlata,MD		RAL HO	ME, INC.
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused Liet only one cause on e	d the death. Do not enter each line.	the mode of dying, suc	th as cardiac or reep	iratory errest,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	a. Carcer DUE TO (OR AS I	NOMA ()	Bleen	5		
NOI	Sequentially list conditions, if any, leading to immediate	b. Twee	MOVICA A CONSEQUENCE OF:	1 0	•		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	respect of to con As	A CONSEQUENCE OF	galen	- ' ,		
	resulting in death) LAST	. Righ	I love	donn			
PHYSICIAN: MEDICAL	PART II. Other significant condition	is contributing to death b	ut not resulting in the un	iderlying cause given in	Part I. 24s. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATH (Ch	mack anily anel		
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Impetient 2 I ENOuty 28s. DATE OF INJURY (Word), Day, Wer)		aling Home 5 Residence 28c. INJURY AT WORK?	8 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCURES	D
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	29a. PLACE OF INJURY building, etc. (Spec	r — At home, farm, street, fact	1 YES 2 NO	28f. LOCATION (Street of City or River, State)	and Number or Ru	rei Route Mumber
COMPLET		SICIAN: To the best of my know ER: On the basis of examination					isele) and manner se stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIES	FR	14	29c. LICENSE NUI			NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF MERSON WH M. Tallghani	HO COMPLETED CAUSE OF DE	:ATH (ITEM 27) (Type, Print)		<u> </u>	3	-5-25
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	lature Mandall		diam.		



FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

232-22-4485

Joseph Bernard Aman
4. SOCIAL SECURITY NUMBER 5. SEX

9e. FACILITY NAME (If not institution, give street and number)

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RECORDS,
OF VITAL
OF
DIVISION

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FEB 23

S	RESIDENCE OF DECEDENT	on Drive		Cr	nester		Q	ueen A	nne s
~	10a. STATE 10b. COUN	ТУ	10c. CI	TY, TOWN OR	LOCATION			10	d. INSIDE CITY
DIRECTOR	Maryland Que	een Anne's	Ch	ester				i×	YES 2 NO
¥	10e. STREET AND NUMBER				10f. ZIP CODE			IZEN OF WHA	T COUNTRY?
EH	Thompso	on Drive			21619		U.	S.A.	
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV. FORCES? 1	YES 2 NO OR DATES	If y	S DECENDENT: OF HISP/ ee, specify Cuben, Mexic YES 2 ND Spec	an, Puerto Rican, etc.		14. RACE — Black, W Specify:	American Indien, Thite, etc. White
G	15. DECEDENT'S ED (Specify only highest gra-	UCATION	16a. DECEDENT'S		UPATION ing most of working	16b. KIND OF	BUSINESS/INC	DUSTRY	
APLET	Elementary/Secondary (0-12)	Collega (1-4 or 5+)	Superin	ise retired.)	nt-Microfi	lm Soc:	ial Se	curity	Adminst
COMP	17. FATHER'S NAME (First, Middle, Last)		V-VE		16. MOTHER'S N	AME (First, Middle, Mai	lden Surneme)		
BE (Samuel Aman				Ger	trude May	berry		
	19a. tNFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	Street and Number or Rura	I Route Number, City or	Town, State, Zij	p Code)	
2	Joseph Walter A	nan	217	E. Nir	nth Street	Hazleto	n, Pa.	1820)1
	20a. METHOD OF DISPOSITION 1√3 Burlal 2 □ Cremation 3 □ Re	movel from State	20b. PLACE AND DAT			DATE 20c	LOCATION —	City or Town	, State
	4 Donetion 5 Other (Specify)	movar from State	of cemetary, cremator MachPel			25/93 W	eston.	West	Virginia
	21. SIGNATURE OF FUNERAL SERVICE	JCENSEE	70	22. NA	ME AND ADDRESS OF F	ACILITY			
	* Kul X	Sell	()		om Helfenbe 06 Shamrocl				1 7 246
은	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENCE	OF):					
TIFICA	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CDUE TO (OR	AS A CONSEQUENCE	OF):					
DICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	d			erlying ceuse given i	PEF	S AN AUTOPSY RFORMEO?	AA Co	ERE AUTOPSY FINDING AULABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d			erlying ceuse given i	PEF	FORMEO?	CC	WAILABLE PRIOR TO OMPLETION OF CAUSE
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dons contributing to dea	ith but not resulting	In the unde	28. PLACE OF DEATH (PEF 1 YE	S 2 SONO	CC	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL	d	/Outpatient 3 DOA	OTHER:	28. PLACE OF DEATH (1)	PEF 1 YE Check only one) 6 Other (Specify)	S 2 COMO	AN CC OH 1	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
EDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HD 27. MANNER OF OEATH 3 Netural	HOSPITAL: 1 topstient 2 ER	ith but not resulting	OTHER:	28. PLACE OF DEATH (PEF 1 YE	S 2 COMO	AN CC OH 1	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 topatient 2 ER 28e. DATE OF INJ. (Month., Dey. W.	/Outpatient 3 DOA JURY 26b. Ti libar) JURY At home, ferm.	OTHER: A Nursin ME OF JURY M	26. PLACE OF DEATH (to be provided by the second sec. INJURY AT WORK? 1 YES 2 ND	PEF 1 YE Check only one) 6 Other (Specify)	NFORMEO? S 22 000 DW INJURY OC	AN CO	WALLABLE PRIOR TO AUTHOR TO TO TO THE PRIOR TO TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO THE PRIOR TO T

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE Tulia Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> IF UNDER 1 YEAR DAYS

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

1 XX 2 - F

8. BIRTHPLACE (State or Foreign Country)

West Virginia

YEAR

9c. COUNTY OF OEATH

1993

3. TIME OF DEATH

2:30 AM

REG. NO.

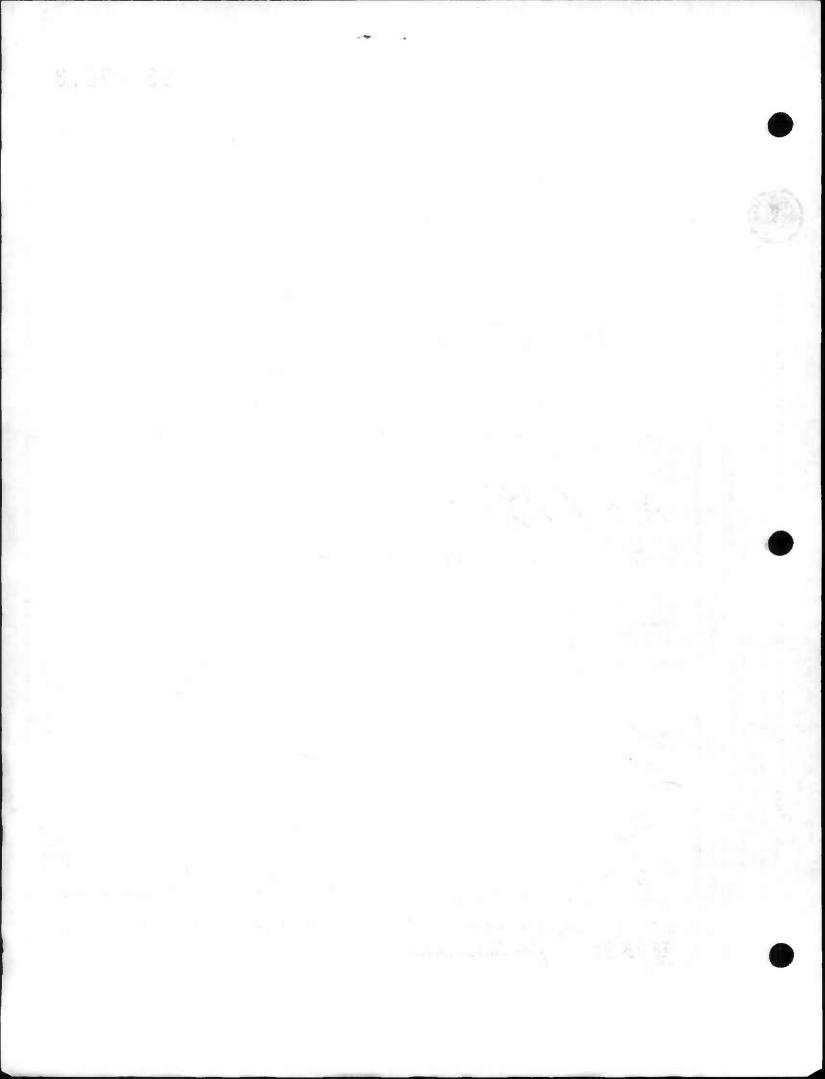
22,

2. DATE OF OEATH MONTH

7. DATE OF BIRTH (Month, Day, Year) 9/1/20

Feb.

DHMH-16 Rev 1/89



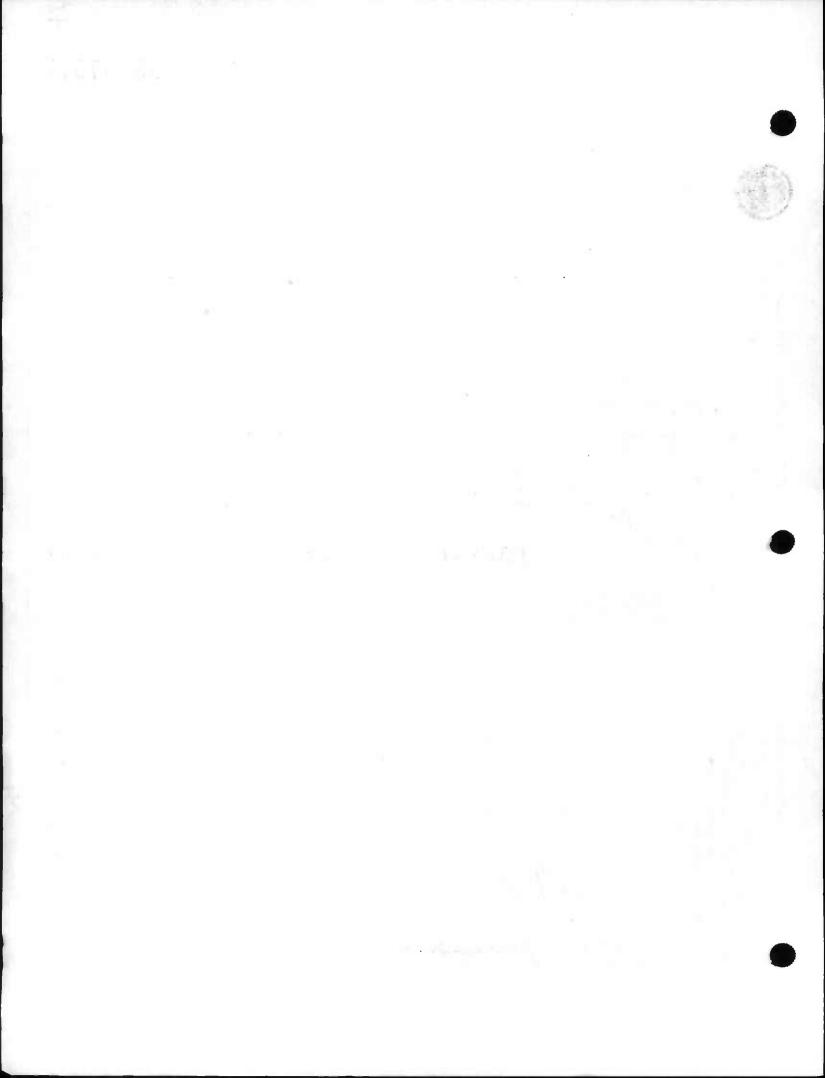
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 should be detached for use as the bunial-transit or removal.
IMPORTANT: If Nem 28 Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENI REG. NO.	E .		,, , , , ,
1. DECEDENT'S NAME (First, Middle, Lust)					2. DATE O	F DEATH			TIME OF DEATH
Anna M. BOBANICK					Marc	h 3.	1993	EAR	:00 P. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 24 HRS.	7. DATE OF		6.		CE (State or Foreign
201-32-6409	1 M 2 F 80	YRS.	CITY, TOWN OR LO		May 1	7, 19	12 P	ennsy	vlvania
3522 Buckeystown	·		uckeysto				Frede		
RESIDENCE OF DECEDENT				WII			rrede	_	
10a. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCATION						I. INSIDE CITY LIMITS?
Maryland Montg	omery	Gaith	ersburg 100, ZIP	CODE			10a CITIZE		YES 2 NO
101 Odenhal Ave.	. Apt.#306		208				U.S.A		
11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECEND	ENT OF HISPAN					American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO ATES		Cuban, Mexical NO Specify		ean, atc.)		Specify:	
A									Vhite
15. DECEDENT'S EDI (Specify only highest grad	e_completed)	(Give kind of work life. Do NOT use rei	done during most of	working	16b. I	IND OF BUS	INESS/INDUS	THY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Home Make			ا ا	m Hon	10		
17. FATHER'S NAME (First, Middle, Last)		Home Hake		. MOTHER'S NA					
August Antos			M	agdeli	na 01	excha	k		- 1-3
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street and N					ode)	21717
Mary B. Marsh		3522 Bu	ckeystow	m Pk.,	P.O.	Box	209 Bi	ackey	
20a. METHOD OF OISPOSITION 1	noval from State of	p. PLACE AND DATE OF cemetary, crematory or c etropolita	OISPOSITION (Na	me	0ATE	20c. LO	CATION — CI	y or Town,	
21. SIGNATURE OF FUNERAL SERVICE		ctroporica	22. NAME AND A	DDRESS OF FA	CILITY		Sallul 1	d, V	rramira
13.5.6	20_		De Vol 10 E. D				ithers	burg	, MD 20877
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Erhal disease or condition resulting in death)	a. Pauce		enter the mode	of dylng, suc	h ss cardi	ac or respi	ratory errea	nt,	Approximate Interval Between Onset and Death
Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	CONSEQUENCE OF):							
PART II. Other significant condition	ons contributing to death b	out not resulting in t	he underlying co	euse given in		24a. WAS AN PERFOR	RMED?	AM CC	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ο σ	28. PLACE	E OF DEATH (Ch	eck only one)			
1 YES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Home :						
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WORK?		28d, DE\$0	RIBE HOW	NJURY OCCU	RED	
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY	/ — At home, farm, stree				TION (Street Town, State)	and Number o	r Rural Rout	e Number,
and and	SICIAN: To the best of my know IER: On the basis of examination								nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	7160)		29	c. LICENSE NU	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
H	1(1)/			D3240	7		Man	ch 4	, 1993
Joseph M. Hagger		BOS Physic	•	e Rock	ville	Mar	vland	2085	0
31. DATE FILED (Month, Day, Year) MAR 04 93	32 REGISTRAR'S SIGN		Duit	MOON			,		

DIVISION OF VITAL RECORD

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

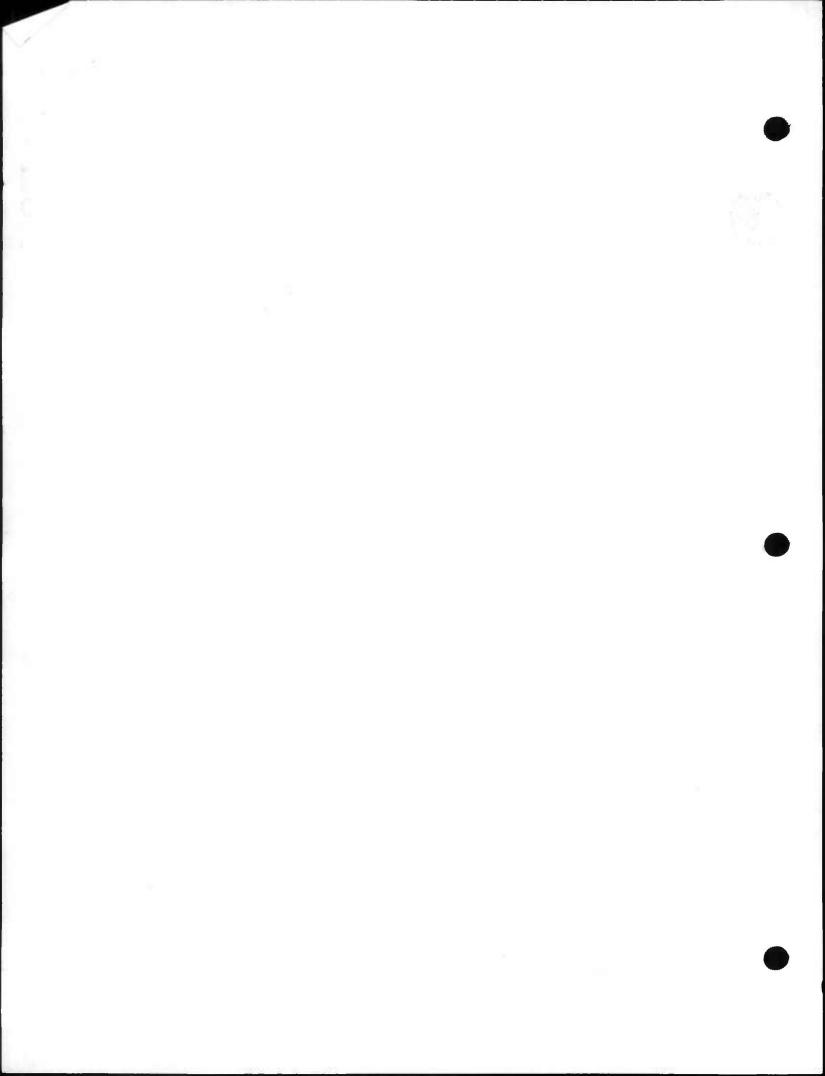


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR			CEKIII	ICATE C	I DEA	I H		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
	Margaret	A	Barret	t				03	0	AY 2	93	5:55 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA			7. DATE OF (Month, E	BIRTH			IPLACE (State or Foreign
9	578-62-5212	1 □ M 2 💢 F	92	2 YRS.	MONTHS DAY	8 HOURS	MIN.	01	04	01		IINGTON, D.C.
	9e. FACILITY NAME (If not institution, give		96. CITY, TOW	N OR LOCATI	ON OF DE	ATH		9c. CO	UNTY OF D			
DIRECTOR	Sacred Heart H	ome			Hyat	tsvil:	le			Pr	. Ged	o's.
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		100 00	Y, TOWN OR LO	CATION						C
E		Geo's.										10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			(LENDAL	10f. ZIP COD	£			10- 01	TITCH OF Y	1 X YES 2 NO
FUNERAL	10042 WORRELL	AMENITE			- 1					iog. Ci	USA	
N	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. WAS	207 DECENDENT		HC ORIGINS (Specify Ver	or No-		E — American Indian,
	1 Never Married 2 Married	FORCES? 1		NO	If yes	specify Cube	ın, Mexica	n, Puerto Ric	an, etc.)	01 110	Black	k, White, etc.
В	3 🖾 Widowed 4 🗌 Divorced		- 55			20 2 14 110	орван				Spec	"White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)		(Give kind of	USUAL OCCUP work done during	ATION most of worki	na	18b. K	IND OF BU	SINESS/IN	IDUSTRY	-
iu	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)							
MP	12			SECRET	'ARY							
	17. FATHER'S NAME (First, Middle, Last)							ME (First, Mid				
BE	AUGUST BUE	EHNE			_			NE E.				
2		an (aa)			ADDRESS (Stre							
	PAUL J. BARRETT,	SR. (SUN			CLEVEL,		IVE					D 20850
	1 XBurial 2 Cremation 3 Rem	noval from State	cemetery,	crematory or o	ther place)			DATE			- City or To	
	21. SIGNATURE DE FUNERAL BERVICE LI	CEMSEE	- AKLI	LNGTON	NATIO	AND ADDRE	SS OF FA	3/5	[ARL]	NGTO	ON, V	IRGINIA
	S4. N	J 0				CIS J.			FUNER	RAL F	HOME.	INC.
	Olliano	suna			500 1	JNIVER	SITY	BLVD	W.	SIL.	SPR.	MD 20901
	23. PART i. Enter the diseases, or shock, or heart failure.	Complications that List only one cau	it caused the use on each il	death. Do i ine.	not enter the	mode of dy	ing, suci	h as cardia	c or respi	iratory a	rreat,	Approximate interval Between
	Interval park										Onset and Death	
	resulting in death)	/		7 L	Dec 1							
		mar mo	100 10 1 0000	eraumeth e		-01	6-					
_ 1	55-23	DUE TO	(OR AS A CONS	SEQUENCE O	1	Carl	len	٠.				
NOI	Sequentially list conditions,	, my	(OR AS A CONS	SEQUENCE O	d	Coch	Lan	منفر				
CATION	if any, leeding to immediate cause. Enter UNDERLYING	STUD TO	(OR AS A CONS	SEQUENCE O	de	coch	lan Yu	سُمُ	104			
IFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	SEQUENCE O	ol .	inch	la Va	نى	y			
ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	STOP TO	(OR AS A CONS	SEQUENCE O	in	he	La fret	in	y.	~		
. CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	SEQUENCE O	die lie	he	Lan Yu	in	y Leo	خو		
	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to	(OR AS A CONS	SEQUENCE O	Fisher in the underly	the diagrams	fe with given in	Part I. 2	Se. WAS AN PERFOR		246	. WERE AUTOPSY FINDINGS
	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but no	SEQUENCE O	File In the underly	The sing cause of	first given in			MED?	24b	
	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Bule 10	(OR AS A CONS (OR AS A CONS on AS A CONS death but no	SEQUENCE O	in the underty	The state of the s	find with		PERFOR	MED?	244b	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	b. Due to	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but no	SEQUENCE O				_ 1	PERFOR	MED?	244b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 OTHER:	PLACE OF 0	EATH (Che	ack only one)	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL		□ ER/Outpatient	3 DOA	26 OTHER: 4 Nursing I	PLACE OF D	EATH (Che	ack only one) 6 Other (S	PERFOR	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MARRIEL OF DEATH ***BRURNER*** 5 Pending	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER: 4 Nursing h	PLACE OF 0	EATH (Che	ack only one)	PERFOR	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MARRIED DEATH Hatural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D)	☐ ER/Outpatient INJURY ay, Year) FINJURY — At	3 DOA	26 OTHER: 4 Nursing H BE OF 28c. JURY 1	PLACE OF D	EATH (Che	1 1 seck only one) 6 Other (S 28d. DESCR	PERFOR	NJURY OX	CCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MARKET DEATH Maturel 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D)	□ ER/Outpatient INJURY ay, Year)	3 DOA	26 OTHER: 4 Nursing H BE OF 28c. JURY 1	PLACE OF D	EATH (Che	1 1 seck only one) 6 Other (S 28d. DESCR	PERFOR	NJURY OX	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MATHER OF DEATH Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpatient 2 28a. DATE (Month, D Month, D 28a. PLACE D building,	□ ER/Outpatient INJURY ay, Year) FINJURY — At etc. (Specify)	3 DOA 28b. TiM	OTHER: 4 Nursing H E OF 28c. JURY M 1 [street, fectory, o	PLACE OF 0 fome 5 Re injury at work? YES 2	EATH (Che	1 1 2 2 2 3 4 DESCRI	PERFOF YES 2 Specify) MBE HOW I	NJURY Oc	CCURED ar or Rural P	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MATHER OF DEATH Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D building,	□ ER/Outpatient INJURY lay, /bar) FINJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TiM IN. home, farm,	OTHER: 4 Nursing H BE OF 28c. JURY 1 street, fectory, o	PLACE OF D	EATH (Che	ack only one) 5 Other (S 28d. DESCR 28f. LOCATI City or :	PERFOR YES 2 Specify) ON (Street of Journ, State) (e) and man	NJURY OC	CCURED or or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetent 2 28a. DATE OF (Month, D 28a. PLACE D building.	□ ER/Outpatient INJURY lay, /bar) FINJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TiM IN. home, farm,	OTHER: 4 Nursing H BE OF 28c. JURY 1 street, fectory, o	PLACE OF DOME 5 Residual Resid	NO NO and due	28d. DESCR 28f. LOCATI City or	PERFOR YES 2 Specify) ON (Street of Journ, State) (e) and man	NJURY Or	or or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number.
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MATHER OF DEATH Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	HOSPITAL: 1 Inpetent 2 28a. DATE OF (Month, D 28a. PLACE D building.	□ ER/Outpatient INJURY lay, Year) FINJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TiM IN. home, farm,	OTHER: 4 Nursing H BE OF 28c. JURY 1 street, fectory, o	PLACE OF DOME 5 Residual Resid	EATH (Che	28d. DESCR 28f. LOCATI City or	PERFOR YES 2 Specify) ON (Street of Journ, State) (e) and man	NJURY Or	CCURED or or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number.
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MARKET OF DEATH Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpetent 2 28e. DATE OF (Month, D 28a. PLACE D building, ICIAN: To the best of	ER/Outpatient INJURY lay, Year) FINJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TiM IN. home, farm, death occurr or investigatio	26 OTHER: 4 Nursing h BE OF JURY M 1 street, factory, o	PLACE OF DOME 5 Residual Resid	NO NO and due	28d. DESCR 28f. LOCATI City or	PERFOR YES 2 Specify) ON (Street of Journ, State) (e) and man	NJURY Or	or or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number.
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MATHELI OF DEATH Halling 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only one) RETURN REDICAL EXAMINER 29s. SIGNATURE AND TITLE OF SERTIFES	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE D building. ICIAN: To the best of	ER/Outpatient INJURY lay, Year) FINJURY — At etc. (Specify) my knowledge, samulation and/o	3 DOA 28b. TiM IN. home, farm, death occurr or investigation	26 OTHER: 4 Nursing h BE OF JURY M 1 [street, factory, o on, in my opinion	PLACE OF DOME 5 RIGHT NORK? YES 2 Tiffice ate end place at end place at end place by the country of the count	NO NO and due	28d. DESCR 28f. LOCATI City or to the cause Ilma, date an	PERFOR	NJURY OX	ar or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MARKET OF DEATH Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE D building. ICIAN: To the best of EE: On the least to a	ER/Outpatient INJURY ay, Year) FINJURY — At etc. (Specify) my knowledge, ambastion and/o	3 DOA 28b. TIM Norme, farm, death occurr or investigation 7525	26 OTHER: 4 Nursing h BE OF JURY M 1 street, factory, o	PLACE OF DOME 5 RIGHT NORK? YES 2 Tiffice ate end place at end place at end place by the country of the count	NO NO and due	28d. DESCR 28f. LOCATI City or	PERFOR	NJURY OX	ar or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number.
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Morth, D 28a. PLACE D building, HCIAN: To the best of an analysis of analysis of analysis of analys	ER/Outpatient INJURY ay, Year) FINJURY — At etc. (Specify) my knowledge, ambastion and/o	3 DOA 28b. TIM Norme, farm, death occurr or investigation 7525	26 OTHER: 4 Nursing h BE OF JURY M 1 [street, factory, o on, in my opinion	PLACE OF DOME 5 RIGHT NORK? YES 2 Tiffice ate end place at end place at end place by the country of the count	NO NO and due	28d. DESCR 28f. LOCATI City or to the cause Ilma, date an	PERFOR	NJURY OX	ar or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number,



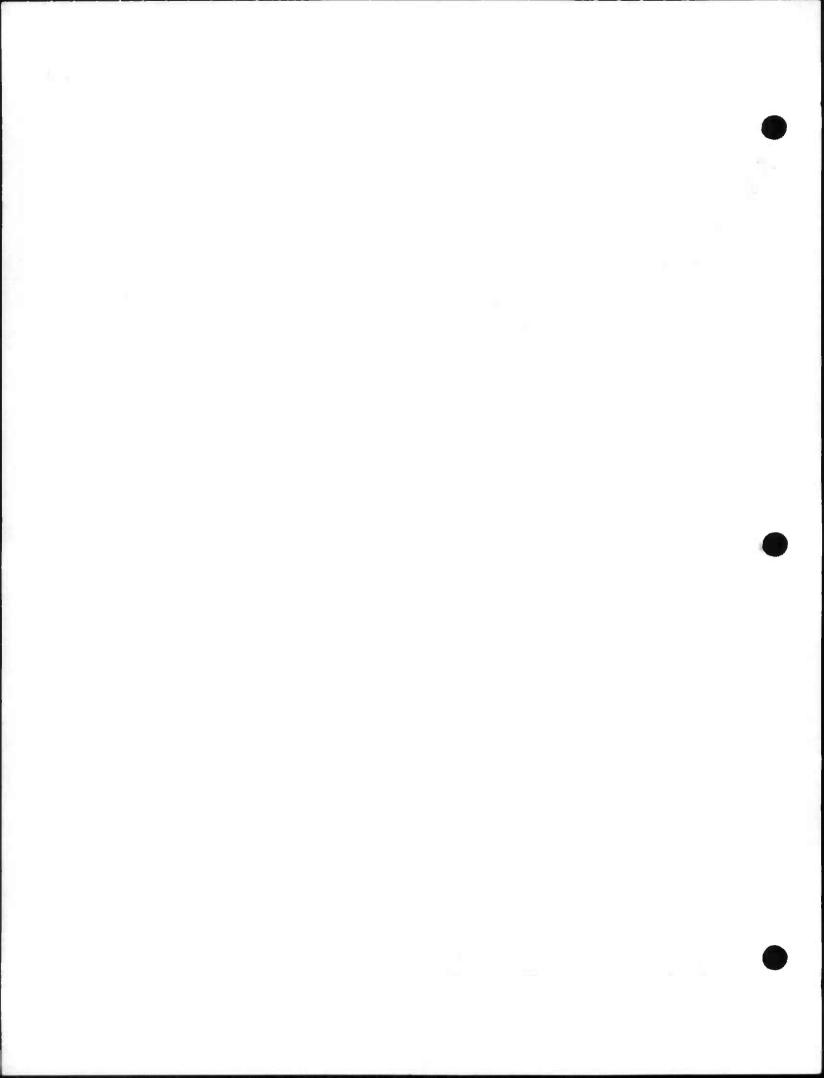
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIFIC	ATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First Middle, Last)					2. DATE OF DEAT			3. TIME OF DEATH
	Bernard :	ranklin E	Barnes,	Sr.		MONTH 03	0/ /9	YEAR	18:16 M
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT			PLACE (State or Foreign
	57410377/ 1× M2			THE DAYS	HOURS MIN.	(Month, Day, Ye	er)	Country)
9	7-24-17/3 Maryland								
oc	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT								
ည္က	10e. STATE 10b. COUNTY		10c CITY TO	OWN OR LOCAT	ION			- 9	10d, INSIDE CITY
E	Maryland Anne Arundo	1		lgewate				10	LIMITS?
	10a. STREET AND NUMBER								1 YES 2 NO
A.				101.	ZIP CODE				HAT COUNTRY?
9	1506 Bishop Road				21037		Unit	ted S	States
FUNERAL		DENT EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF HISPANI city Cuban, Mexican	IC ORIGIN? (Specia	y Yes or No-	14. RACE	- American Indian, White, etc.
BY		VE WAR OR DATES			2 NO Specify:		·)		White
		WW II		l					wnite
回	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	CEDENT'S USU	done during mos	N st of working	16b. KIND O	F BUSINESS/INDI	USTRY	
9	Elementary/Secondary (0-12) College (1-4	r 5+) ///o.	Do NOT use rei	tired.)		77			
A P	8	P	lumber			Prum	oing Con	npany	7
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM		aiden Sumame)		
BE (John Franklin Barnes				Sara	h King			
10 B	19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING AD	DRESS (Street at	nd Number or Rural R	loute Number, City of	r Town, State, Zip	Code)	
F	Bertha F. Barnes	1	.506 Bi	shop R	oad, Edg	ewater,	Marylar	nd 21	1037
	20a. METHOD OF DISPOSITION	20b. PLACE	AND DATE OF D	SPOSITION (Nai	me of	DATE 29	c. LOCATION — C	Sity or Tow	n. State
	1 ABurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cre	matory or other I	olace)	Park 3/	1	ckville		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Taiki							iryrand
- 1	0111	/	.00100	Robert	A. Pump ethesda-	hrey Fur	neral Ho	ome/	
	Kalup Jan	M.	100198	7557 พื	isconsin	Ave.,Be	thesda	MD 2	20814-3501
	23. PART I. Enter the disesses, or complications	that caused the de	eth. Do not	enter the mod	de of dying, such	as cardiac or i	respiratory arm	eat,	Approximate
	shock, or heart failure. List only one IMMEDIATE CAUSE (Finel	cause on each line).						Onset and Death
		umonie	- R.	1	,				Shadt and Death
- 1	resulting in death) e. / NO	TO (OR AS A CONSE	OUENCE OF:	vase	Car				
- 1	_ 1/4.	dercent	0	7					
Ó	Sequentially list conditions,	TO (OR AS A CONSEC		Ilio					1
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	alo 1	Realy	rken	inhles!				1
윤	CAUSE (Disease or Injury that initiated events	TO (OR AS A CONSEC	DUENCE OF:		1. Ju	,			+
E	resulting in death) LAST		50000000000						į l
<u> </u>									-
DICAL	PART II. Other significant conditions contribution		esulting in th	ne underlying	cause given in f	Part I. 24a, WA	S AN AUTOPSY		WERE AUTOPSY FINDINGS
2	Dealetes Kelletu	1					RFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
ш	Dypentensin					— ¹⊔ʷ	ES 2 NO		OF DEATH?
Σ	- vary sures						1		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
Ö	EXAMINER? / HOSPITAL		01	26. PL	ACE OF DEATH (Che	ck only one)			
ΥS		2 ER/Outpatient 3			5 🗆 Residence (6 ☐ Other (Specify)		
H	. (Mon	h, Day, Year)	28b. TIME OF INJURY	28c, INJL WOI		28d. DEŞCRIBE H	OW INJURY OCC	URED	
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO				
	- Could not be	CE OF INJURY — At horing, etc. (Specify)	me, farm, atree	t, factory, office		28f. LOCATION (S City or Town,	ireet and Number	or Rural Ro	ute Number,
=	4 Homicide determined					ony or lown,	матој		
7	29e. CERTIFIER (Check only	at of my knowledge, de	ath occurred at	the time date	and place, and due t	in the severals are		4	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beals								and manner as stated
8									71-1-1-1-1
BE	296. SIGNATURE AND TITLE OF CERTIFIER	15			29c. LICENSE NUM	BER	29d. DATE	SIGNED (Month, Day, Year)
2	Variable Lothery	w			01743	7		>//	/93
- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITE	M 27) (Type, Prin	()		4 2-			
	SAMUEL L. DESHAY	, M.D.	76100	ARROL	L AVE	A 20	TAKOM	in P	PARK, MD
	31. DATE FILED (Month, Day, Year) 32. REGIS	TRAR'S SIGNATURE							
	MAR 03 193 Juli	Savidson B	mark 182						

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0
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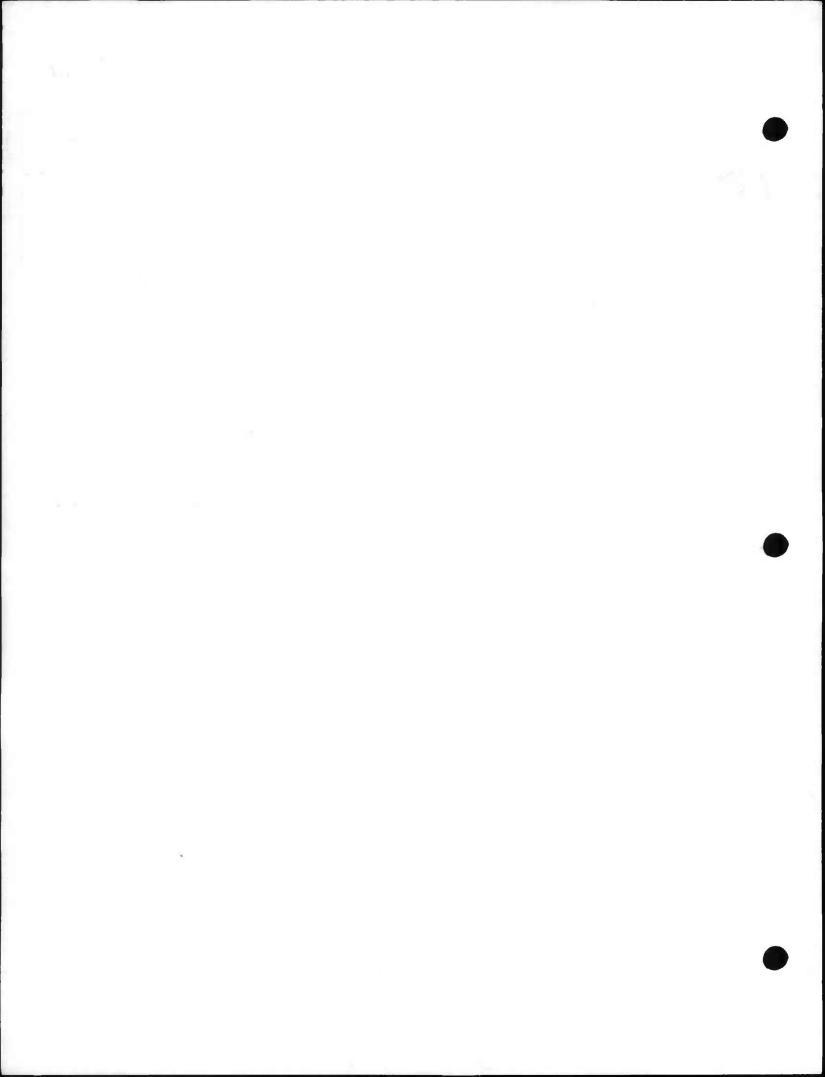
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is merked, or item 23 shows eny injury, or other traumetic event, the medical examiner must be notified at once.

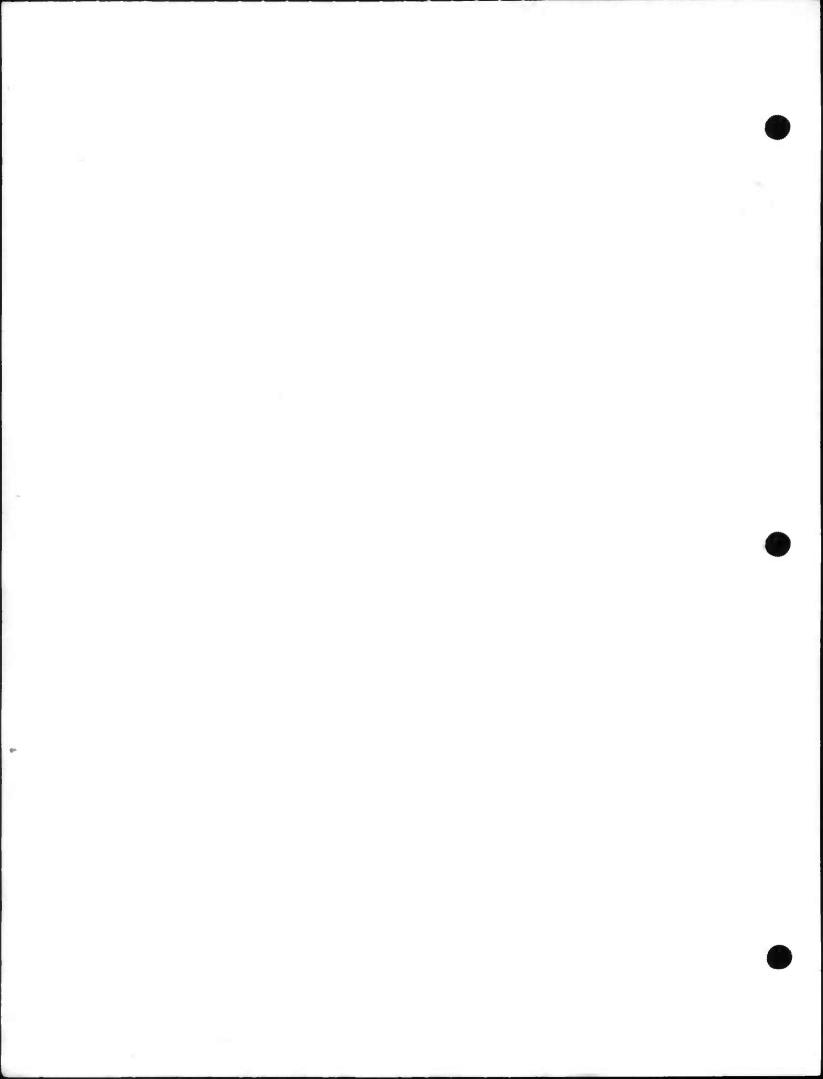
FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
Margaret H E	Burgess			03 0	1 93 YEA	12:50am
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	8. Bi	IRTHPLACE (State or Foreign
577_16-5378	1 M 2 TF 8	6 YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 6-16-1906		ountry) ashington,D.C.
9a. FACILITY NAME (If not institution, give s		_	b. CITY, TOWN OR LOCATION OF		9c. COUNTY C	
Montgomery (General Hos	spital	Olney		Mont	tgomery
10a. STATE 10b. COUNT	Υ	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
Maryland Mon	tgomery		Olney			1 XYES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
17605 Goose Cre	ek Road		20832		U.S	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DECENDENT OF HIS			ACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuban, Mex			Black, White, etc.
**			1			White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work	k done during most of working		SINESS/INDUSTR	TY .
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	etired.)		rf& Wisk	
12	0	Office-	Manager	Account	ing Fir	rm
17. FATHER'S NAME (First, Middle, Last)			I	NAME (First, Middle, Maider		
John Herber	t		Ma		otainabl	
19a, INFORMANT'S NAME (Type/Print)			ODRESS (Street and Number or Rui		vn, State, Zip Code)
Lois Ger		17605	Goose Creek Ro	ad. Olney	,Marylar	nd 20832
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	200	D. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c. LC	DCATION - City o	or Town, State
4 Donation 5 Other (Specify)	Cer	Fort Linco	In Cemetery	3-3-93 B1	centwood	d, Maryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF Hines-Rinald	FACILITY	Iomo	20904
· /// S	1610		11800 NewHam	=-		
23. PART I. Enter the diseases, or	complications that sauce	data dada Da				orrug, m. D.
			enter the mode of dulne a	ich as cardles or mar	Mantaga amount	1 American state
shock, or heert failure.	List only one ceuse on	a the death. Do not each line.	enter the mode of dying, s	uch es cardiac or resp	Piratory arrest,	Approximata Interval Between
shock, or heert failure. IMMEDIATE CAUSE (Final	List only one ceuse on o	each ilne.		uch es cardiac or resp	Diratory arrest,	
shock, or heert failure. IMMEDIATE CAUSE (Final	List only one ceuse on o	each ilne.		uch es cardiac or resp	Piratory arrest,	Interval Between
shock, or heert failure. IMMEDIATE CAUSE (Final	a	A CONSEQUENCE OF):		uch es cardiac or resp	Piratory arrest,	Interval Between
shock, or heert failure. IMMEDIATE CAUSE (Final	a. Q Q Q Q Q DUE TO (OR AS.	A CONSEQUENCE OF):		uch es cardiec or resp	Piratory arrest,	Interval Between
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Q Q Q Q Q DUE TO (OR AS.	A CONSEQUENCE OF):		uch es cardiec or resp	Piratory arrest,	Interval Between
shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. QRAGGE DUE TO (OR AS DUE TO (OR AS C	A CONSEQUENCE OF):		uch es cardiec or resp	olratory arreat,	Interval Between
shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. QRAGGE DUE TO (OR AS DUE TO (OR AS C	A CONSEQUENCE OF):		uch es cardiec or resp	Piratory arrest,	Interval Between
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. QRAGGE DUE TO (OR AS DUE TO (OR AS C	A CONSEQUENCE OF):		uch es cardiec or resp	Piratory arrest,	Interval Between
shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	B. QUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS.	A CONSEQUENCE OF): A CONSEQUENCE OF):	1,0	In Part I. 24a, WAS AF	N AUTOPSY	Interval Between Onset and Death
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. QUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS.	A CONSEQUENCE OF): A CONSEQUENCE OF):	1,0	In Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	Interval Between Onset and Death
shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	B. QUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS.	A CONSEQUENCE OF): A CONSEQUENCE OF):	1,0	In Part I. 24a, WAS AF	N AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	B. OUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. HOSPITAL:	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	the underlying cause given 26. PLACE OF DEATH (THER: Nursing Home 5 Residence FY 28c. INJURY AT WORK?	In Part I. 24a. WAS AI PERFO 1 TYES	N AUTOPSY RMED? 2 NO	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	B. DUE TO (OR AS. DUE TO (OR AS.	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the cons	26. PLACE OF DEATH (THER: Nursing Home 5 Residence FY WORK? M 1 YES 2 NO	In Part i. 24a. WAS AI PERFO 1 U YES Check only one) 8 U Other (Specify)	N AUTOPSY RMED? 2 NO INJURY OCCUREI	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be datermined 4 Homicide Check only 29e. CERTIFIER (Check only)	BE CONTRIBUTED TO (OR AS. DUE	Patient 3 DOA 4 28b. Time City) A consequence of):	26. PLACE OF DEATH (THER: Nursing Home 5 Residence FY Y WORK? 1 YES 2 NO et, factory, office	In Part i. 24a. WAS AI PERFO 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) ue to the cause(a) and ma	N AUTOPSY RMED? 2 NO INJURY OCCURES and Number or Ru	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be datermined 4 Homicide Check only 29e. CERTIFIER (Check only)	BE CONTRIBUTED TO (OR AS. DUE	Patient 3 DOA 4 28b. Time City) A consequence of):	28. PLACE OF DEATH (THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO set, factory, office	In Part i. 24a. WAS AI PERFO 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) ue to the cause(a) and ma	N AUTOPSY RMED? 2 NO INJURY OCCURES and Number or Ru	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DUE TO (OR AS. DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the second of the s	28. PLACE OF DEATH (28. PLACE OF DEATH (THER: Nursing Home 5 Residence FY WORK? 1 YES 2 NO et, factory, office at the time, date and place, and d in my opinion, death occured at t 29c. LICENSE N	In Part I. 24a. WAS AI PERFO 1 September 24a. UNIVERS 24a. WAS AI PERFO 1 September 24a. UNIVERS	INJURY OCCURED and Number or Ru miner as stated. and due to the cau 29d. DATE SIGN	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS. DUE TO (OR AS.	patient 3 DOA 4 28b. Time City) A Consequence of): Dut not resulting in the course of the city of t	28. PLACE OF DEATH (THER: Nursing Home 5 Residence FY 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office at the time, date and place, and definity opinion, death occurred at the state of the s	In Part i. 24a. WAS AI PERFO 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Kown, State) ue to the cause(a) and mather time, date and place, as UMBER	INJURY OCCURED and Number or Ru inner as stated. and due to the cau 29d. DATE SIGI	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR			ENITE	CALE	F DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D			3. TIME OF DEATH
	JANE		В	BEIZEF	3		MONTH 2	25 DAY	993	11:36 A W
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEA		7. DATE OF B	IRTH	8. BIRT	INPLACE (State or Foreign
	477-26-2043	1 □ M 2X□XF	60	YRS.	MONTHS DAY	HOURS MIN.	Jan. 8		Mir	nnesota
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOW	N OR LOCATION OF D			OUNTY OF	
e e	5406 GOLDSBO	RO ROAD		ĺ	BETI	HESDA		М	IONTG	OMERY
5	RESIDENCE OF DECEDENT									
DIRECTOR	MARYLAND MONT	GOMERY			HESDA	CATION				10d. INSIDE CITY LIMITS?
		GOMERT		L DE	TILDUM					1 - YES 2 X NO
FUNERAL	100. STREET AND NUMBER 5406 GOLDSBORO F	ROAD				101. ZIP CODE 20817				WHAT COUNTRY? D STATES
Š	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	ARMED	13 WAS I	ECENDENT OF NISPA	NIC ORIGINS (Se	colfu Voc or No	T 44 P46	35 A
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 X		If yes,	specify Cuben, Mexic	an, Puerto Rican,	etc.)	Blac	CE — Americen Indien, ck, White, etc.
B	3 Widowed 4 Divorced		AII OII DAILS		''''	ES 2 (Z) NO Speci	y:		Spec	White
	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. C	DECEDENT'S U	SUAL OCCUP	TION	16b, KIND	OF BUSINESS	INDUSTRY	WIIICC
91	Elementary/Secondary (0-12)	College (1-4 or 5+) #	ife. Do NOT use	retired.)	most of working				
₩ I		4		Housev	vife		Ow	n Home		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First, Middle,	, Malden Surnem	e)	
H	Fabian Beaudry					Lydia	Desche	ne		
0	19a. INFORMANT'S NAME (Type/Print)		1			et and Number or Rural	Route Number, Cit	ty or Town, Stets,	Zip Code)	
_	Robert A. Beizer			Same	as l)				
	20a. METNOD OF DISPOSITION 1 Dariel 2 D. Cremation 3 D Rem	oval from State	20b. PLACE	E AND DATE OF	DISPOSITION	(Nama of	DATE	20c LOCATION	- SERPLE	Cwn State
	4 Donation 5 Other (Specify)		S	SUBÚRBA		MATORY	2-20	MARVI	JVID SI	0910_
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	20063	22. NAME	AND ADDRESS OF FA	Servic	es P	7	
	Brow W	mels o	mme			Gist Ave				, MD 20910
	23. PART i. Enter the diseases, or o	omplicatione that	ceused the d	taeth. Do no	t antar the r	node of dying, suc	h es cardiac o	or respiretory	errest.	Approximata
	ehock, or heart feliure. IMMEDIATE CAUSE (Final	List only one caus	e on each lin	3.0			4	-		intervel Between Onset and Death
		/ / / /								
	disease or condition	. 14/	Was	rale	CR	reas	a	MAI	Α	9 14 Con
	disease or condition resulting in death)	a. DUE TO (OR AS A CONSI		CP	neas	a	nce	1	2 year
z	resulting in death)	DUE TO (OR AS A CONSI		c R	reas	Ca	nce	1	2 years
TION	resulting in death) Sequentially list conditione,	b	OR AS A CONSI	EOUENCE OF):		reas	i Ca	nce	1	2 years
ICATION	Sequentially list conditione, if any, leading to immediata cause. Entar UNDERLYING	b		EOUENCE OF):		reas	l Ca	nce	1	2 years
TIFICATION	Sequentially list conditione, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (EOUENCE OF):		reast	Ca	nce	1	2 years
ERTIFICATION	Sequentially list conditione, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSI	EOUENCE OF):		reas	(Ca	nci	1	2 years
L CERTIFICATION	Sequentially list conditione, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):						2 years
	Sequentially list conditione, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSI	EQUENCE OF):			Part I. 24a.	WAS AN AUTOPS PERFORMED?		D. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO
DICAL	Sequentially list conditione, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):			Part I. 24a.	WAS AN AUTOPS		D. WERE AUTOPSY FINDINGS
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DICAL	Sequentially list conditione, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):	the undarly	ing ceuse given in	Part I. 24a.	WAS AN AUTOPS PERFORMED?		D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. It item 28 is merked, or Item 23 shows eny Injury, or other traumatic event, the medical examiner must be notified at once.	ŀ
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1 - STATE REGISTRAR	STATE OF
1. DECEDENT'S NAME (First, Middle, Last)	
	Haydee
4. SOCIAL SECURITY NUMBER	5. SEX

							93	070	019	
ľ	1 - STATE OF MA			TMENT OF H		MENTAL HYGIEN REG. NO	E			
1	DECEDENT'S NAME (First, Middle, Last)	- OL		OAIL OI	DEATH	2. DATE OF DEATH		3.	TIME OF DEATH	
		. Bar				February 6			11:30	Ам
		S. AGE (in yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Fore	
į	130-01-8911 1 M 2 Ø F 9e. FACILITY NAME (If not institution, give street end number)	92	YRS.	AL 0/77/ 701/01	R LOCATION OF DE			Puert	to Rico	
œ	Alden Elder Care Center			Columb		ATH			н	- 3
5	RESIDENCE OF DECEDENT						HOV	ward		- //
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT	ION				d. INSIDE CITY LIMITS?	
0	Maryland Howard 100. STREET AND NUMBER		Co	lumbia	TIR CORE		10- 07717		YES 2 N	10
FUNERAL										
N I	6695 Hawkeye Run 11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARM	IED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye			American Indian	١,
	IF YES, GIVE WA	YES 2 NO	0		2 NO Specify	n, Puerto Rican, elc.)		Black, W Specify:	'hite, elc.	
D BY	3)(X) Widowed 4 Divorced	Louisia			Puerto P	-		whit	ce	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Giv	EDENT'S to kind of v Do NOT us	USUAL OCCUPATION vork done during mode retired.)	IN st of working	16b. KIND OF BU	SINESS/INDL	JSTRY		
PL	Elementary/Secondary (0-12) College (1-4 or 5+)		Hom	emaker		Own	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)			
BE (Francisco Dominnicci				Andrea	a Arvelo				
TO E	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip	Code)	33	12
	Adela I. Bar	20h BLACE O	UB U	SITION (Name of con	reet, #4	201, Gaith	ETSDU	rg, M	208//	_
	1 XBuriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	George	"Was	hington	Cemetery	Ade	lphi,	-		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2		22. NAME AP	D ADDRESS OF FA	CILITY				
	Delen Kl K	apr)			Services, nue, Silve			MD 2091	_
	23. PART I. Enter the diseases, or complications that	caused the dee	th. Do r	not snter the mo	de of dying, suc	h es cerdiec or reep	Iratory erre	est,	Approxime	le
1	shock, or heert fellure. List only one ceus IMMEDIATE CAUSE (Final								Interval Be Onset end	
1	[1080HHIS HI QUELIT)	INUTA								
		OR AS A CONSEO	1							
ō l	Sequentially list conditions, b. DUE TO (DR/AS A CONSEC	UENCE O	F):		nc				
8					DISE	ASE				
ERTIFICATION	that initiated events resulting in death) LAST	OR AS A CONSEC	UENCE O	F):						
R	d									
	PART II. Other significent conditions contributing to c	0	sulting	in the underlyin	g ceuse given in	Part I. 24a. WAS AF		AM	ERE AUTOPSY FIN AILABLE PRIOR T	O
90	Hydro coph	1105				1 TYES	NO NO		OMPLETION OF CA F DEATH?	NUSE
M								1	YES 2 N	0
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)				-
SIC	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpetient 2 I	ER/Outpatient 3	□ DOA	OTHER:	./	8 Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28e. DATE OF I	NJURY Visit	28b. TIN	E OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCC	URED		
BY	1 Natural 5 Pending Investigation				YES 2 NO					
	3 Suicide 8 Could not be determined	INJURY — At hon tc. (Specify)	ne, farm,	street, factory, offic	•	28f. LOCATION (Street City or Town, State		or Rural Roul	te Number,	
	29e. CERTIFIER									-
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of ex.								nd manner as at	med.
	29b. SIGNATURE AND TILE OF CERTIFIER	10			29c. LICENSE NU				onth, Day, Year)	-
BE	Il conne a	1/Le	en	20	P3	8190	>	2/2	7/53	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITEM		, inqu	rice Cuf	fee, M. D.		L		
	96505MMINGO 16	na	C	ol um Si	7 M	0. 210	45			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAE MAR O4 02	SIGNATURE	2.00							

1	-	FOR STATE REGISTR	ΑR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL LIVELENS

DEPOTE THE PLANS LAND LETT BALLEY BATTEET LETT SOUTH S		1 - STATE REGISTRAR	OINIE OI WA	CERTI	FICATE O	F DEATH		REG. NO.			
# SOOLA EXPERT MORNAGE # SOOLA EXPERT FOR MARKET OF CAMERY PARKET AND A STATE OF CAMERY PARKET OF CAMERY PA	1			y Barrett			2. DATE OF	DEATH			3. TIME OF DEATH
BOOL SECULET MANKET 4.55-7-6-0004 10-2-18-19-19-19-19-19-19-19-19-19-19-19-19-19-	1	LELIA &	ALEX	BARR	ETT						10 A M
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Sequentially list conditions Sequentially list conditions Due to (or as a consequence or):						Virgi	nia Ro	lgers			
VITEINIZ Zament Zam		19a. INFORMANT'S NAME (Type/Print)		19b. MAILH	IG ADDRESS (Stre	at and Number or Rural	Route Number, (City or Town,	State, Zip C	iode)	
1				7710	Hanove	r Pkwy.,	Greenbe	elt, N	$^{\prime}$ D 2	0770)
A Donation S Other (Specify) Sacred Heart Cemetery 3/4 Texarkana, TX			oval from State			(Name of	DATE	20c. LOCA	TION — CH	ty or Tow	m, State
JOSEPH Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, DC 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, internal Between Shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. Authorized Cause in the mode of dying, such as cardiac or respiratory arrest, internal Between Onset and Death of the cause on each line. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 8. Sequentially list conditions, if any, leading to death but not resulting in the underlying cause given in Part I. 9. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1. YES 2 NO 24. WAS CASE REFERENCE TO MEDICAL 25. WAS CASE REFERENCE TO MEDICAL 26. PLACE OF DEATH (Check only one) 27. MANUARY OF DEATH 28. PLACE OF DEATH (Check only one) 28. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUARY OF DEATH 29. PLACE OF DEATH (Check only one) 29. MANUAR		4 🖺 Donation 5 🗆 Other (Specify)		Sacred	Heart (Cemetery	3/4	Texa	ırkan	a, 7	rx
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3 Suicide 4 Homicide 5 Could not be determined 288. PLACE OF INJURY — At home, farm, street, factory, office 298. CERTIFIER (Check only one) 2 Medical Examiner: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			NI	A	M 1	YES 2 NO					
296. SIGNATURE AND TITLE OF CERTIFIER DEPUTY MICHSTAI 296. LICENSE NUMBER 296. LICENSE NUM		_ Count not be	28e. PLACE OF IN. building, etc.	JURY — At home, ferm (Specify)	street, factory, o	fice			Number or	Rural Ro	ute Number,
296. SIGNATURE AND TITLE OF CERTIFIER DEPUTY MICHSTAI 296. LICENSE NUMBER 296. LICENSE NUM	E I	4 Homicide datermined						, , , ,			
296. SIGNATURE AND TITLE OF CERTIFIER DEPUTY MICHSTAI 296. LICENSE NUMBER 296. LICENSE NUM	7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death occu	rred at the time, d	its and place, and due	to the cause(s) and manne	r as stated		
296. SIGNATURE AND TITLE OF CERTIFIER DEPUTY MICHSTAI 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUM	<u> </u>										and manner as stated.
Paulanework and Examinar Do 1852 >2-27-93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) PAUL A. DEVORE MID 4203 Quelens Sung Rel HygtTsu; He MAD 20781 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				00.4.4	10012	27					
31. DATE FILED (Month, Day, 'bear) 32. REGISTRAR'S SIGNATURE		Par OB Och	lack of	LIONY !	C-	A LICENSE NO		l ²	► Z)	workin, Usy, 1987)
31. DATE FILED (Month, Day, 'bear) 32. REGISTRAR'S SIGNATURE	요	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALISE O	F DEATH (ITEM 27) (%-	on Print)	100/0	12			0)	75
31. DATE FILED (Month, Day, 'bear) 32. REGISTRAR'S SIGNATURE		PAUL A. DEV	ORE MI	4203		s Some Ro	HyaTi	1501/	n	up.	20781
	-										

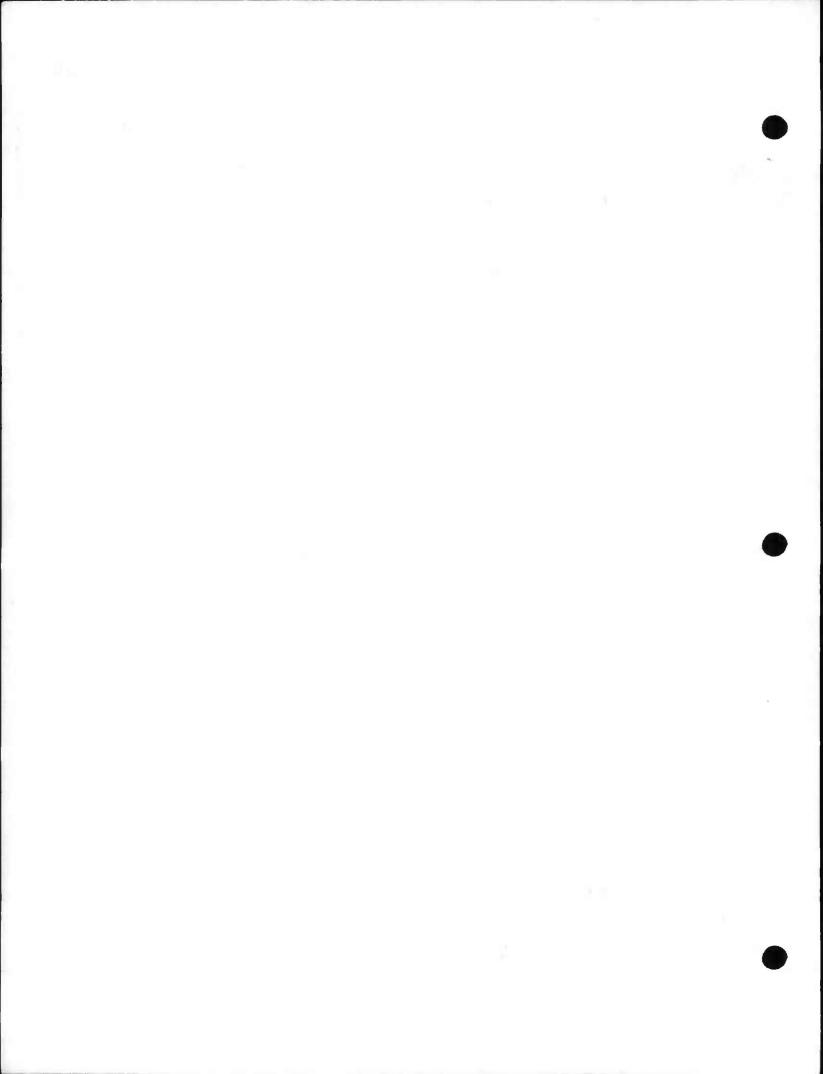
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



1 - STATE REGISTRAR	STATE OF M				HEALTH AND	MENT	AL HYGIENE REG. NO.	:		
1. DECEDENT'S NAME (First, Middle, Las	st)					2. DAT	E OF DEATH	,	YEAR	3. TIME OF DEATH
WILLIAM	E.	BLADEN				2/2	7/93		YEAR	5.25AM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		ONTHS DAYS		(Moi	E OF BIRTH nth, Day, Year)		B. BIRTHP Country	LACE (State or Foreign
578 30 9666 9e. FACILITY NAME (If not institution, giv	1 M 2 □ F	65	YRS.				/22/27			YLAND
					OR LOCATION OF	DEATH			TY OF DE	
PRINCE GEORGES H	USP. CIR.			CHEVER	LY		_	PRINC	E GE	ORGE
10a. STATE 10b. COUL	NTY NCE GEORG	מדי		OWN OR LOC						10d. INSIDE CITY
	NCE GEORG	∍Ľ	BR	ENTWC	עטו					1 YES 2 NO
100. STREET AND NUMBER 4324 40th PI	LACE				101. ZIP CODE 20722				J.S.	AAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	MED		ECENDENT OF HISP			or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	,	1 🗆 Y	specify Cubsn, Mexi ES XIX NO Spec	elly:	o riican, etc.)		Specify	·
15. DECEDENT'S E	DUCATION	KOTEA	CEDENT'S US	IIAL OCCUBA	TION	T 46	5b. KIND OF BUS	NE00 (NID)	LOTTON	WHITE
(Specify only highest gra		(G	ive kind of work. Do NOT use n	k done during	most of working	"	B. KIND OF BUS	MESSIMUL	JSINT	
8	College (1-4 of 5 4		ROOFE	3			CONS	TRUC	TIO	N
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	AME (First	, Middle, Malden S	Surname)		
JAMES ERNE	EST MONRO	DE BLAD	EN		MARI	EE	VELYN	MOTH	IERS	HEAD
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	ODRESS (Street	t and Number of Flure	Route Nu	mber, City or Town	, State, Zip	Code)	
MARIE BLADEN			SAMI	E AS	10 e					
-20a METHOD OF DISPOSITION TE Burial 2 Cremation 3 Re	emoval from State	20b. PLACE	AND DATE OF I	DISPOSITION	Name of	- 1		ATION — C		3.
4 Donation 6 Other (Specify)	1	FT	LINC	-	EMETERY		2/ 9 3 B	RENT	OOW	D, MD.
21. SIGNATURE OF FUNERAL BERVICE	LICENSEE			22. NAME TA	KOMA FU	NER	AL HOM	E IN	IC 2	54 CARROLI
Muhal	0000	u			N.W. W					
23. PART I. Enter the diseases, of shock, or heart failure	r complications tha	t caused the de	eth. Do not	enter tha r	node of dyling, su	ch as ca	rdiac or reapir	atory arre	est,	Approximata
IMMEDIATE CAUSE (Final	e. Liat only one ced	se on each line	- 1	4	0. 1	_				Onset and Death
disease or condition resulting in death)	· (Ar	res	01/4	10 1	Kell	in	0			
	Ubue to	ON AS A COMBE	QUENCÉ OF):		1. 6	2	//			
Sequentially list conditions,	· May	attal	Suprice on	./	und		6	M	es	
if any, leading to immediate cause. Enter UNDERLYING	mal	AS / /	The same	10	~					
CAUSE (Disease or injury that initiated events	oue 10	(OR AS A CONSE	QUENCE OF)	001	/					<u> </u>
resulting in death) LAST	· CA	Dia.	1 1	111	ort	60				
DARY II Other electrices and the		-	- 0		29					
PART II. Other significent conditi	one contributing to	deeth but not i	esulting in	tha underly	ing ceuse given i	n Part I.	24a. WAS AN A PERFORI		-	WERE AUTOPSY FINDINGS
			-				1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
							·			YES 2 NO
25. WAS CASE REFERRED TO MEDICAL									1	
EXAMINER? 1 YES 2 NO	HOSPITAL:			THER:	PLACE OF DEATH (C			_		
27. MANNER OF DEATH	1 Inputient 2 I	1000	20b. TIME C		ome 5 Residence	_	ver (Specify) EŞCRIBE HOW IN	HIRY OCC	UBED	
1 Netural 5 Pending	(Month, D	ey, Year)	INJUR	Y 1	VORK? YES 2 NO	-	LOGINOL HOW III	000	OHED	
2 Accident Investigation 3 Suicide 6 Could not b	26e. PLACE O	F INJURY — At ho	me, farm, stre			261. LO	CATION (Street ar	nd Number o	or Rural Ro	ute Number,
4 Homicide determined						Cit	y or Town, State)			
4 Homicide determined	building,	etc. (Specify)				J				
an official	building,		ath occurred a	nt the time, de	ite and place, and di		ause(s) end man	ner as state	d.	
29a. CERTIFIER (Check only	VSICIAN: To the best of a	my knowledge, de				e to the c				and manner as stated.
29a. CERTIFIER (Check only	YSICIAN: To the best of an	my knowledge, de				e to the c		due to the	cause(a)	
29a. CERTIFIER XX CERTIFYING PHY (Check only one) 2 / AERICAL EXAM	YSICIAN: To the best of an	my knowledge, de			, death occured et th	e to the c		due to the	cause(a)	and manner as stated. Month, Day, Year) 1-1997
290. CERTIFIER (Check only one) 2 //AEEECAL EXAMINATION 290. HOMATION AND TUTLE ST. CERTIFIED 30/NAME AND AUDRESS OF PERSON OF	VSICIAN: To the best of a	my knowledge, de tamination and/or	Investigation,	in my opinion	29c. LICENSE N	te to the cone time, dar		due to the	cause(a)	
290. CERTIFIER (Check only one) 2 //seelCas. EXAM 290. HOMATURE AND TITLE OF CERTIF	VSICIAN: To the best of MER: On the basis of at MER: O	my knowledge, de tamination and/or	Investigation,	in my opinion	, death occured et th	te to the cone time, dar	ts and place, and	due to the	cause(a)	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Ib filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

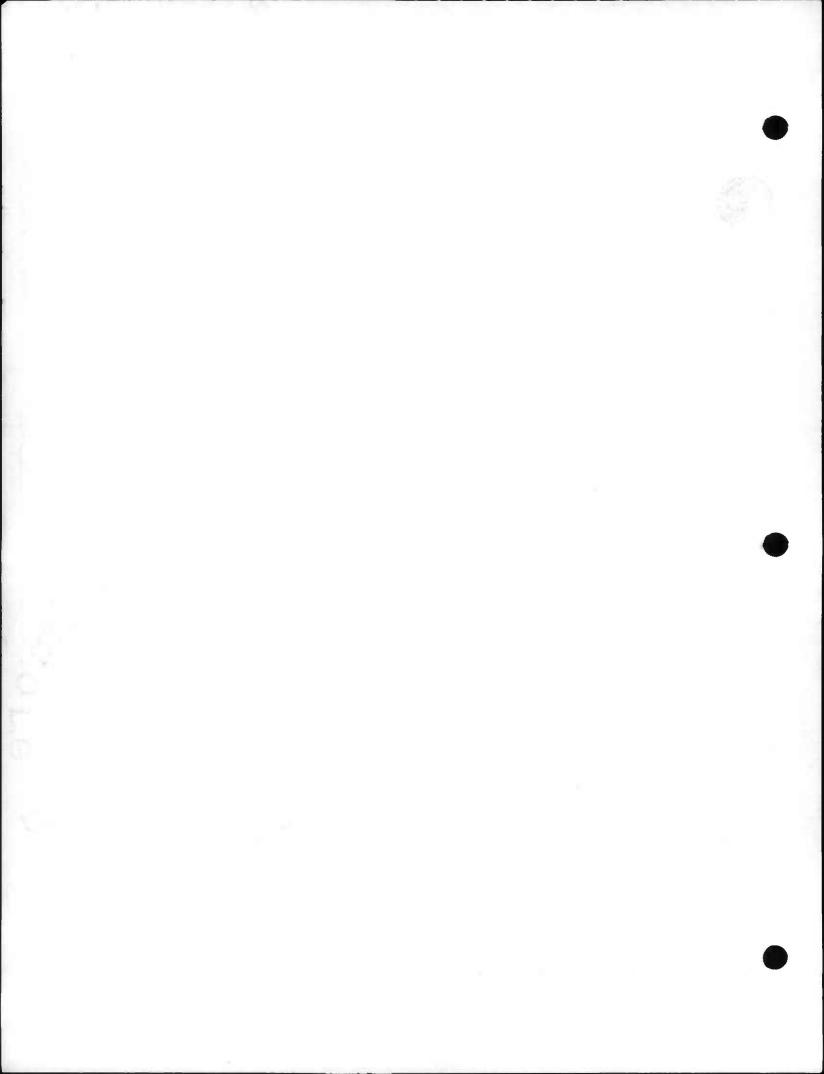
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

03

chia Davidson



DIVISION OF VITAL RECORDS. P.O. BOX 68760.

								AIL (, DE	7111		TEG. NO.			
		1. DECEDENT'S NAME (First,)	Brei	navze	9_					- 10	2. DATE OF MONTH	DEATH M	27	73 3	TIME OF DEATH
	7	214 -33-4	· house	5. SEX	6. AGE	In yrs. last		ONTHS DA		IDER 24 HRS.	9/2	5/2	3	RUSS	ACE (State or Foreign
	DIRECTOR	Shady Gro	Ve Az	Ventis	th	230	ital "	Ro	CKV	ation of the	АТН		Mo	ntgo	mery
	<u> </u>	10e. STATE	10b. COUNTY				10c. CITY. 1	OWN OR L	CATION	-				4.	d. INSIDE CITY
rmit. Pag	AL DIR	MARYLAND 100. STREET AND NUMBER	MONTGO	OMERY				THERS	BURG					1	Z YES 2 NO
 	ERA		AMEC U	AV #202					101. ZIP C			i i			T COUNTRY?
ian. trans	Z	17211 KING JA								877			RUS	SIA	
attending physician. se as the burial-transit permit.	BY FUN	1 Never Merried 2 N 3 Wildowed 4 Divorce	Terried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 X N		13. WAS	DECENDEN , specify Co YES 2 X N	IT OF HISPAN uben, Mexice NO Specify	IC ORIGIN? (S n, Puerto Rica	Specify Yee in, etc.)	or No—	Specify:	American Indian, thite, etc.
attend se as	ED		DENT'S EDUCA				EDENT'S US				16b. KII	ND OF BUS	INESS/INDU		
al or att	4	Elementary/Secondary (0-1		College (1-4 or 5+)		life.	ne kind of wor Do NOT use n	etired.)	most of wo	onking					
ig g	를			4			HOME	MAKEI	R			I	OMES'	ГIС	
the hospit detached once.	COMP	17. FATHER'S NAME (First, Mid	dle, Last)						18. M	OTHER'S NAI	ME (First, Midd	lle, Maiden S	Surname)		
8 & E		NOAH DUI	OKIN						K	LARA	KA	LENSI	TAX		
retained to 5 should notified	BE	19e. INFORMANT'S NAME (Typ	e/Print)			19b.	MAILING AD	DRESS (Str			loute Number,	_		Codel	
y be n	2	MIKHAIL BREN		(SON)	Т	17	211 K	ING .	AMES		#303	GAITI	HERSB	URG,	MD 20877
metor,		20e. METHOD OF DEPROSITION 1 X Burlel 2 Green attended 4 Green Donetton 5 Green (5	(pacify)	_/			SHEL	EMM!	S CE	METERY			ATION — CI		
- ~ =	- 1	21. SIGNATURE OF FUNERAL	SERVICE LICER	SEE ()				DAN2	ANGK	RESS OF FAC	RFRC	MEMOI	TAT (CHADE	LS, INC.
		· The	4/	n. H	ui.						E PIKE				
hours after of in by the or removal.		The second of th	ones, or co	mplications that st only one ceus	ceused se on e	I tha dea	th. Do not	entar tha	moda of	dying, such	es cardiac	or respir	atory arre	st,	Approximata Interval Batween
file ion.		iMMEDIATE CAUSE (Find disease or condition resulting in death)	· .	0	Val	10	4	Car	1ce1						Onset and Death
P 0 1 8	_			DUE TO (OR AS A	CONSEO	UENCE OF):								
8 5 E	RTIFICATION	Sequentially list condition if any, leading to immedia	sta	DUE TO (OR AS A	CONSEC	UENCE OF):			<u> </u>					1
phy ne phy	FIC	cause, Entar UNDERLYIN CAUSE (Disease or injury that initiated events		DUE TO (OR AS A	CONSEC	UENCE OF):								
. 유명로 날	ERT	resulting in dasth) LAST	d.,												
the death y the attended Mental	ပ၂	PART II Other elections	an distance												
and at	B	PART ii. Other significant	conditions	contributing to (daath b	ut not re	suiting in 1	ha undari	ying ceus	e given in l	Part I. 24	PERFORI			RE AUTOPSY FINDINGS ALABLE PRIOR TO
) = 2 = E	ᅙᆘ										1	YES 2	NO		MPLETION OF CAUSE DEATH?
requires been sign of Healt	ME										_			1[YES 2 NO
he law request has been a Dept. of m 23 sho	ä													1	
V: The law cate has the State Dept Item 23	8	25. WAS CASE REFERRED TO EXAMINER?	_						PLACE OF	F DEATH (Che	ck only one)				
SICIAN: The certificate h the State I	Si	1 TYES 2 X NO		Nospital:	ER/Outp	atlent 3 [THER:	lome 5 🗆	Reeldence	5 ☐ Other (Sp	ecify)			
_ = > <u>=</u>	BY PHYSICIAN:	27. MANNER OF DEATH	ending vestigation	28e. DATE OF I (Month, Day			28b. TIME O	F 28c.	INJURY AT WORK?		28d. DESCRI		JURY OCCU	REO	
OR ATTENDING I DIRECTOR: After hours after death	COMPLETED B	3 Suicide 6 Co	ould not be termined	28a. PLACE OF building, a	INJURY tc. (Spec	— At hon	ie, term, atre	et, fectory, c	ffice		261, LOCATIO City or To	N (Street ar own, State)	nd Number o	r Rural Route	Number,
OR A DIREC hours	91	29a. CERTIFIER		- 7	-	-									
로 보었는	<u>A</u>	(Check only		N: To the beet of n											
HOSPITAL FUNERAL within 72 TANT: If	Ş I	2 MEDIC	AL EXAMINER:	On the beele of exa	mination	end/or in	veatigation, i	n my opinio	n, death oc	cured at the t	lme, date end	plece, end	due to the	ceuse(e) an	d menner se stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 P	BE	29b. SIGNATURE AND TITLE O	CERTIFIER	1.00		7	nn		29c, L	ICENSE NUM	BER		29d. DATE	SIGNED (Mo	onth, Day, Year)
4 =	2	30. NAME AND ADDRESS OF F	ERSON WHO	COMPLETED CAUSE	OF DE	TH (ITEM	27) (Type, Pri	nt)	-1-1-	7))(71)			57	
		31. DATE FILED (Month, Day, Ye.	N	Mille	1	5	0	1811	1	UNC	0	dif	DI	0/1	Copin
		MAR 03	'9 3	32. REBISTRAR	Savid	COA	andell-					\)

24	ille ille	ion,	2
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the
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	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.		
- 4	1. DECEDENT'S NAME (First, Middle, Last)		1	2	DATE OF DEATH DO	N VE	3. TIME OF DEATH
	Dopphie	Berns	Tein		2 2	4 9	
			F UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	578-03-6332 1 □ M 2 🖫 F	78 YRS.	MINS DAYS	HOURS MIN.			WASHINGTON, D.
	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OF	LOCATION OF DEATI		9c. COUNTY	
DIRECTOR	SUBURBAN HOSPITAL RESIDENCE OF DECEDENT			BETHESDA		MONT	IGOMERY
EC	10e. STATE 10b. COUNTY	10c. CITY,	OWN OR LOCATH	ON		1	10d. INSIDE CITY
	MARYLAND MONTGOMERY	R	OCKVILL	E			LIMITS?
FUNERAL	104. STREET AND NUMBER 5315 MANORFIELD ROAD		10f.	ZIP CODE 20853		1	OF WHAT COUNTRY? STATES
S	11. MARITAL STATUS 12. WAS DECEDENT EV	ER IN U.S. ARMED		NOENT OF HISPANIC			RACE — American Indian,
ВУ	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR			cify Cuban, Mexican, P 2 X NO Specify:	uerto Rican, etc.)		Black, Whita, atc. Specify: WHITE
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION done during most		16b. KIND OF BUS	SINESS/INDUST	
LET	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use r	etired.)	or working			
COMPLETED	12	BEAUTI	CIAN			ETOLOGY	7
BE CO	17. FATHER'S NAME (First, Middle, Last) PHILIP GINDES			16. MOTHER'S NAME FANNIE	(First, Middle, Maiden SIEGEL	Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AI	DRESS (Street an	d Number or Rural Rout	te Number, City or Tow	n, State, Zip Coo	de)
ĭ	SAMUEL BERNSTEIN	5315 MA	NORFIEL	D ROAD -	ROCKVILLI	E, MARY	TLAND 20853
	20e METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF	DISPOSITION (Nam	ne of	OATE 20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)	JUDEAN MEMO	RIAL GAI	RDENS	2/28 OLM	NEY, MA	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1/ -	DANZA		BERG MEMO		CHAPELS, INC.
	Suanh UNT	me	1170	ROCKVILLE	PIKE - I	ROCKVII	LE, MARYLAND
	23. PART I. Enter the diseases, or complications that ce shock, or heart failure. List only one cause	used the death. Do not on each line.	enter the mod	e of dying, such a	s cerdiec or raspi	ratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition						Onset end Daath
	resulting in death) s. STYUR	AS A CONSEQUENCE OF:					
	100		0				
O	Sequentielly list conditions,	AS A CONSEQUENCE OF);	<u>C</u>				
CERTIFICATION	cause. Enter UNDERLYING						į į
F	CAUSE (Disease or Injury that Initiated events DUE TO (OR	AS A CONSEQUENCE OF):					
H	resulting in death) LAST						
2	PART II. Other significant conditions contributing to dea	Ab b. A = A = A = - !-					
DICAL	TANT II. Other signatural conditions contributing to day	ith but not reauting in	the underlying	ceuse given in Pai	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Ē					1 🗆 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
Σ					_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL						
PHYSICIAN:	EXAMINER? HOSPITAL:		THER:	ICE OF OEATH (Check			
H	27. MANNER OF SEATH 28s. DATE OF INJ			5 Residence 8	Other (Specify) Id. DESCRIBE HOW I	HILIDA OCCIDA	EQ.
ВУ РІ	Month, Day, V		Y WOR	K7	a. DESCRIBE NOW I	NJONT OCCON	/
		JURY — At home, farm, atra (Specify)	et, factory, offica	28	City or Town, State)	and Number or F	Rural Route Number,
۳	29a. CERTIFIER (Check only Check only)	knowledge death occurred	et the time, date a	and place and due to			
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of exami						euse(a) and manner as atated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	MDPhD	2/	29c. LICENSE NUMBE	R (0/)	29d. DATE SI	GNED (Month, Day, Year) - 25 - 93
BE	(- MANATA Y A		100	11-70	174		
10 BI	30. NAME AND ADDRESS OF PERSON WHO COMPRETED CHASE OF	10	int)	0 57	/ , -		-20 13
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CRUSE OF	F OEATH (ITEM 27) (Type, Pr		N ROAD -	BUCKALLL	R MID	
	J. GARRETT REILLY, M.D 1 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	F OEATH (ITEM 27) (Type, Pr 1510 OLD GE		N ROAD -	ROCKVILLI	E, MD.	

-- 25 - 9

20952

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

executed within DR ATTENDING PHYSICIAN: The law requires that the death certificate be

BE

6

1. DECEDENT'S NAME (First, Middle Last) GENEVIEVE MONZELLA BROWN A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 306-26-4850 1 M 2 X F 87 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 8710 FERNWOOD ROAD **BETHESDA** DIRECTO RESIDENCE OF DECEDENT 10a. STATE 19c. CITY, TOWN OR LOCATION Maryland Montgomery Bethesda permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 8710 Fernwood Road use as the burial-transit 20817 after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.)
 YES 2 NO Specify: **BALTIMORE, MARYLAND 21215-0020** 1 Never Married 2 Marrie IF YES GIVE WAR OR DATES BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Salesperson 17. FATHER'S NAME (First, Middle, Last) B.V. Bailey notified at Hilah Davis BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Betty J. Wedler pe 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE director, Roselawn Cemetery 3/6/93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE n by the funeral or removal. M00672 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, the attending physician and completely filled in by it Mental Hygiene prior to burial, cremation, or remo shock, or heart feilure. List only one cause on each line **IMMEDIATE CAUSE (Final** the disease or condition ____ Ovarian Carcinoma, Metastatic event, DUE TO (OR AS A CONSEQUENCE OF): Pulmonary Insufficiency traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL been signed by the any shows a has be Dept. t PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate has have the State D HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? Is marked, 1 🔯 Natural 5 Pending 1 YES 2 NO BY After t Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 6 Could not be DIRECTOR: / COMPLETED 28 4 Homicide Hem 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE
Juna Daydom Rondoll

STATE REGISTRAR

296. SIGNATURE AND TITLE OF CENTIFIER

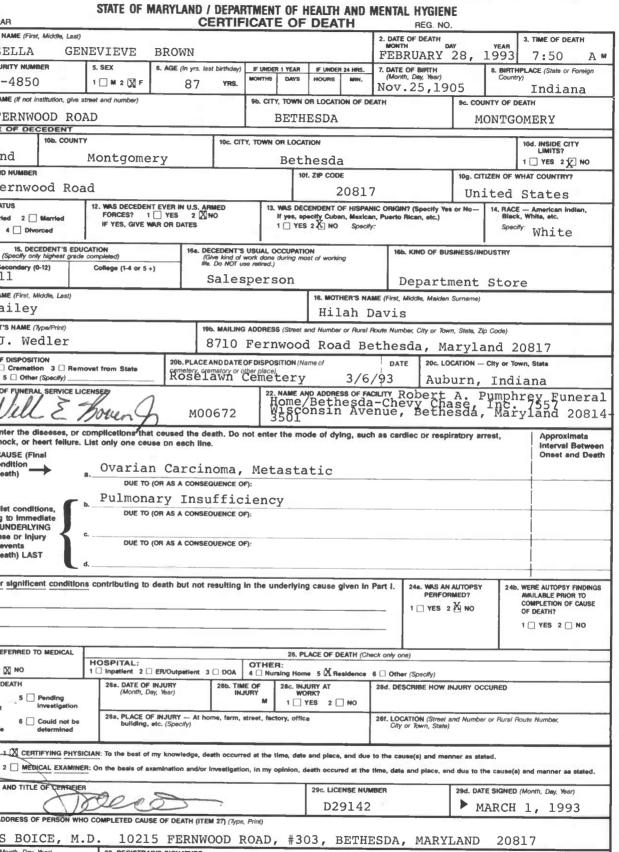
CHARLES BOICE, M.D.

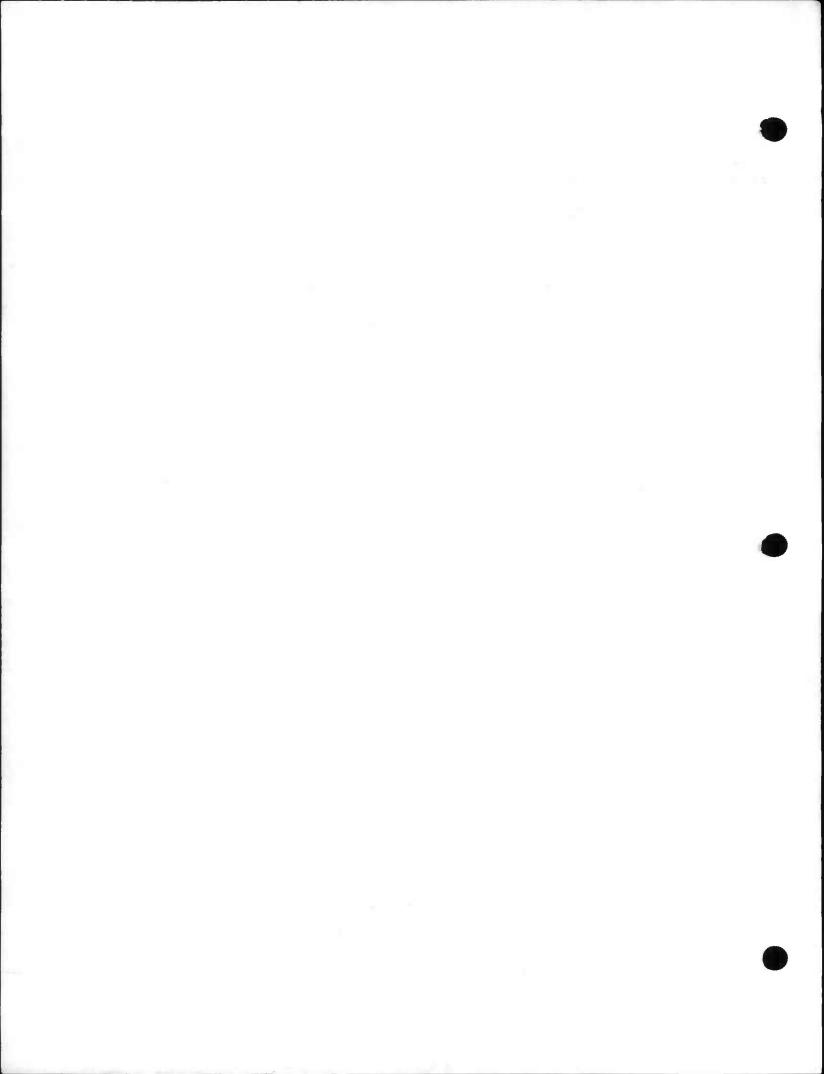
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31. DATE FILED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-t	death
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93 07025 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY MONTH O.3 YEAR 93 Katherine Brooks Helen 10:11 AM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 05 30 3 H 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219.34.6953 10 M2 WF 58 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Fallston General Hospital DIRECTOR Fallstor Harford RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? HARTON 1 TYES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 9 1014 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yea, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — Ame Black, White, ORCES? 1 YES 2 YES, GIVE WAR OR DATES 1 Never Married 2 🔀 Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) House WIFR 12 be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, M. HOW ARE ORESbury BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu 2 DERRY AIR md 39 Hell 20e. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 □ Re
4 □ Donation 5 □ Other (Specify) 20c. LOCATION — City or Town, State A (FIMD RE 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must METRO CREMATION 22. NAME AND ADDRESS OF FACILITY S medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 84 BA (Heronder W 3 100 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Betw IMMEDIATE CAUSE (Finel Onset and Death TO THE FUNERAL DIRECTOR: After this certained with the State Dept. of Health and Mental Hygiene prior to warm. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to warm. IMPORTANT: If Health 28 is marked, or Item 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 is marked, or Item 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 is marked, or Item 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 is marked, or Item 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 is marked, or Item 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 is marked, or Item 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 is marked, or Item 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 is marked, or Item 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 shows any Injury, or other traumatic event, the IMPORTANT: If Health 28 shows any Important Event diseese or condition Cardiac arres1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ti. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 ☐ YES 2 ☐ NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA EXAMINER? OTHER: e 5 - Residence 8 - Other (Specify) 4 🗌 Nun 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 286. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date and place, and due 29d. DATE SIGNEO (Month, Day, 29c. LICENSE NUMBER

32 REGISTRAR'S SIGNATURE

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30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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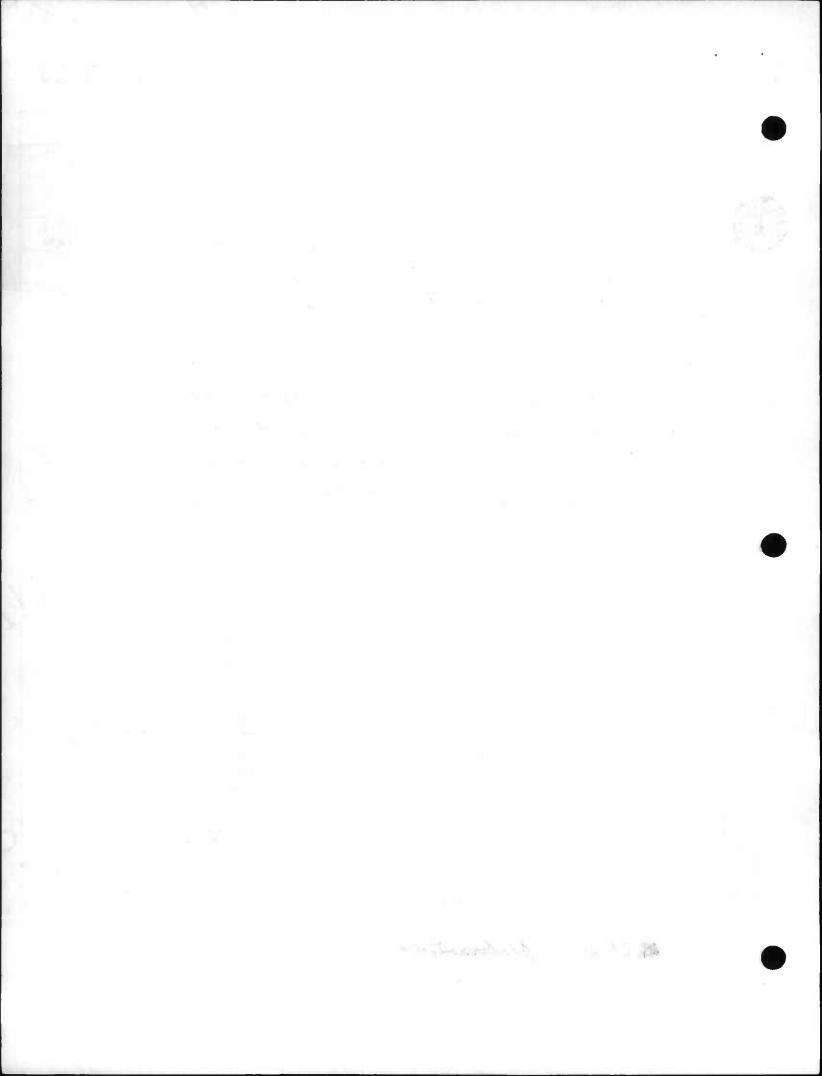
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31. DATE FILEO (Month, Day, Year)

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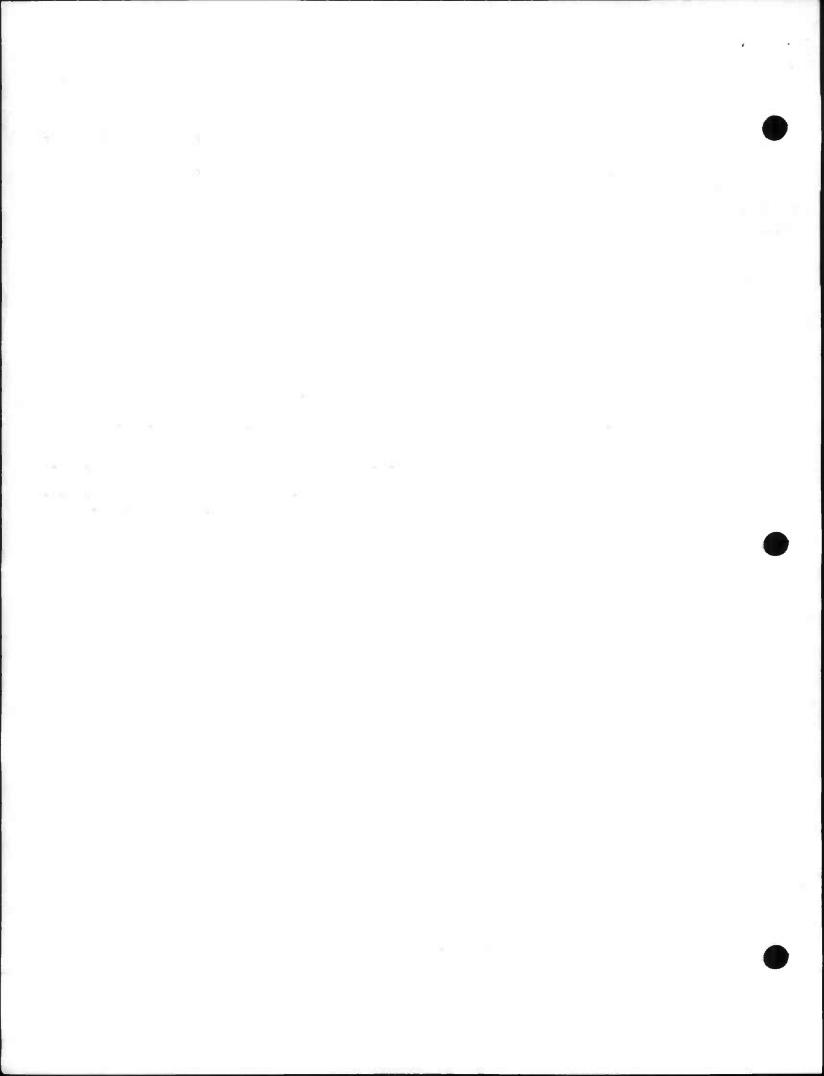
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.	_				
- 8	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH		WEAR	3. TIME OF	DEATH	
	MARY ELIZAE	BAR BAR	NOTS				March	16, J	[993	YEAR	9:30	P.	М
	4. SOCIAL SECURITY NUMBER 216-14-7341	5. SEX 1 M 2 K F	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE O			8. BIRTI	HPLACE (Siere	or Foreign	7
OR	9a. FACILITY NAME (If not institution, give a Bel Air Convales		er		96. CITY, TOWN O	OR LOCATION OF	_		9c. COU	inty of c	DEATH		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT												
Maryland Baltimore Kingsville											10d. INSIDE LIMITS	?	
FUNERAL	11909 Woodberry F	Place				. ZIP CODE)87			-	JSA	WHAT COUNT	4V?	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X N	MED O	If yes, sp	ENDENT OF HISP/ ecity Cuban, Mexic 2 NO Spec	an, Puerto Ri	(Specify Yea can, etc.)	or No—	Blac	E — American ik, White, etc. iiite	Indian,	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	USUAL OCCUPATION	ON	16b. I	UND OF BUS	SINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) 12	(Give kind of work done during most of working life. Do NOT use retinal.) College (1-4 or 5+) Housewife Home											
BE CON	17. FATHER'S NAME (First, Middle, Last) Gilbert (nmn	Morgan				18. MOTHER'S N		ddle, Malden Vilsor				_	
TO B	William F. Bartor	1	19b.	MAILING 1190	ADDRESS (Street of 9 Woodbe	erry Pla	ce, Ki	r. City or Town Ingsvi	Ile,	Md.	2108	7	
	20a. METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE A	ND DATE	of disposition (Nather place) M. Cemete	arme of	DATE		CATION —		own, State	vid.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Daza		22. NAME A	ND ADDRESS OF F	ACILITY						_
	Daring &	Mr. Car	2221-	111	Howar	d K. Mc	Comas	III F	uner	al E	lome,	P.A.	
	23. PART i. Enter the diseases, or	complications that	caused the dea	ith. Do i	not enter the mo	Cokesbu	Ch as cardia	ac or respi	olngo ratory ar	ton,		XImate	
	SHOCK, OF heart failure.	List only one cause	e on each line.								interv	al Betwe	
	disease or condition resulting in death)	a. Cancer of	ot lune	W	ith cer	ebral	meta	rsta	ses		11	mo.	,
NO		. Preum	vonia-1	oba	r						2	wks	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Steele.	Rickan Or as a consecu	ds	ms-0	lszews	kis	Syn	dro	me	. 5	yre	
ERTIF	that initisted events resulting in death) LAST	d	OR AS A CONSECU	UENCE O	r): 								
2	PART ii. Other significant condition	ns contributing to d	leath but not re	sulting	in the underlying	cause given in	Part i.	24a, WAS AN	AUTOPSY	241	. WERE AUTOF	SV FINDIN	201
MEDICAL	Cancer of b							PERFOR	MED?		AVAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO I OF CAUSI	
ä										- [
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. PL	ACE OF DEATH (C	heck only one)						
łYS	1 YES 2 NO	1 Inpatient 2 I			4 Nursing Hom	e 5 🗆 Residence	_						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	(Year)		M 1 1	YES 2 NO	28d. DESC	RIBE HOW II	NJURY OC	CURED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At horn tc. (Specify)	ne, farm,	street, factory, office			TON (Street e Town, State)	and Numbe	r or Rural i	Route Number,		
COMPLETED	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of m									e) end menner	as stated	ı.
TO BE	296 SIGNATURE AND TITLE OF CERTURE	Fuller	· MI)		29c. LICENSE NU DO 9 (IMBER 520		29d. DAT	S 7	Month, Day.	(bar)	
F	30. NAME AND ADDRESS OF PERSON WH 2807 Jerusal				rlle,)	hd =	108	7		+ /-	, =		
	31. DATE FILED (MONTH, Day, Year) MAR 09 *93	32 REGISTRAN	'S SIGNATURE	lett.									

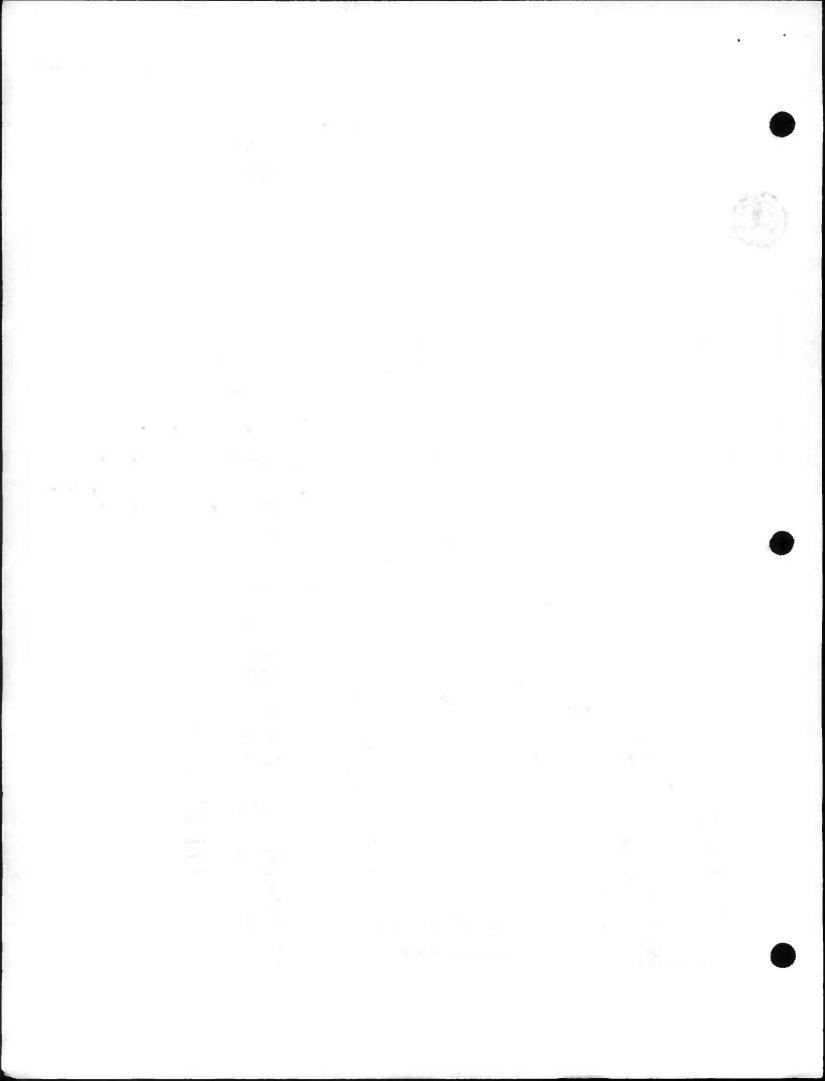


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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH AND		GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last 8/8/8 Bre/	den bauer	4	Breidenba	ugh	2. DATE OF DE	611-16	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219 42 1825	5. SEX	E (In yrs. lest bir	YRS. MONTHS E	AYS HOURS MIN	7. DATE OF BIR (Month, Day,	mH / 7/11 8.	BIRTNPLACE (State or Foreign Country) Maryland			
TOR	90. FACILITY NAME (If not institution, gived Bel Forest Ns. RESIDENCE OF DECEDENT		-		est Hill			r of death r ford			
DIRECTOR								10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3914 Norrisvil					084	υ	S.A.			
₽	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	8 2 NO	lf y	S DECENDENT OF HISI 98, specify Cuban, Mex J YES 2 NO Spe	cen, Puerto Rican, e	rtc.)	. RACE — American Indian, Black, Whita, etc. Specify: White			
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	(Give in	DENT'S USUAL OCCU kind of work done duri NOT use retired.)			OF BUSINESS/INDUS	TRY			
NO ME	11 17. FATNER'S NAME (First, Middle, Lest)		Bak	er	44 MOTHERIO	Hall		nty Schools			
111	Edward		reiden	baugh		nna	4	nschmidt			
10 B	19a. INFORMANT'S NAME (Type/Pring)				treet and Number or Run						
	Mr. A. Franklin		2/	O Norris	ville Roa						
	W Purial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	amoval from Stata	arrett	SVIII C	em. 3/12	. 1	le most t car	ille. Md. 2108			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE JOS eph W	. Fost	er 22. NA	ME AND ADDRESS OF	FACILITY F	ster Fun	eral Home			
	Trestoro	noch toles			50 West B: Bel Air, N	roadway 8 laryland	William 21014	s Street			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DF										
IAN	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATN (check only one)					
PHYSICIAN:	EXAMINER?	HOSPITAL:	tpatiant 3 🗆 (OTHER:			'y)				
H	1 TYES 2 TENO	1 - Inpatient 2 - ER/Out	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DE\$CRIBE NOW INJURY OCCURED WORK?								
B	27. MANNER OF DEATN 1 20 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28	M t	WORK? YES 2 NO	28d. DESCRIBE	NOW INJURY OCCUR	ED			
B	27. MANNER OF DEATN 1 🛣 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28 Y — At home.	M t	WORK? YES 2 NO		Street and Number or I				
B	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1	28a. DATE OF INJURY (Month, Day, Year)	Y — At home, scify)	INJURY M t	WORK? VES 2 NO office	28f. LOCATION (: City or Town,	Street and Number or I State)	Rural Route Number,			
BE COMPLETED BY	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINATION OF CERTIFIER AND TITLE	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Spo	Y — At home, secily) wledge, death on end/or inves	ferm, street, factory,	WORK? VES 2 NO office	28f. LOCATION (City or Town, let to the cause(s) are time, data and pla	Street and Number or i State) and manner as stated. cca, and due to the cc	Rural Route Number, suse(s) and manner as stated. GNED (Month, Day, Year)			
E COMPLETED BY	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spr VSICIAN: To the best of my known NER: On the bests of examination IER WNO COMPLETED CAUSE OF DI	Y — At home, solily, wiedge, deeth on end/or investernment.	INJURY M telem, street, factory, occurred at the time, sitigation, in my opinion of the time, sitigation, in my opinion of the time, sitigation, in my opinion of the time, sitigation of time, sitigation of the time, sitigation of time, sitigation of the time, sitigation of time, sitigation of time, sitigation of time	WORK? YES 2 NO office date and place, and don, death occurad at the state of the	28f. LOCATION (City or lown, ie to the cause(s) are time, data and pla JMBER	Street and Number or in State) Indicate the state of the control	Rural Route Number, tuse(s) and manner as stated.			

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	1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO			
	1, DECEDENT'S NAME (First, Middle, Last) OR RODA 4, SOCIAL SECURITY NUMBER	barlow .		arlow,		03 0	8 93		
	242-22-2850	1 M 2 D F 70	(in yrs. last birthday) YRS.	1,6-11	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) ()5-25-	JZ No	ountry) Orth Carolina	
TOR	9a. FACILITY NAME (If not institution, give s FOULSTON GCT RESIDENCE OF DECEDENT	neral Ha	pital		allston	EATH	9e. COUNTY O	arford	
DIRECTOR	10a. STATE 10b. COUNT	rford	Bel A	y, town or i	OCATION			10d. INSIDE CITY LIMITS? 1 YES 25 NO	
FUNERAL	908 Prospect Mi.	11 Road	•		101, ZIP CODE 21015		USA CITIZEN	OF WHAT COUNTRY?	
ETED BY	11. MARITAL STATUS 1 Never Merried 2 Divorced 3 Widowed 4 Divorced	DECENDENT OF HISPA es, specify Cuban, Maxic. YES 2 NO Speci	an, Puarto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: Vhite				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Supervisor US—government								
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Homer Clyde	Barlow			18. MOTHER'S NA Glenr	AME (First, Middle, Melder 1.2 — OS	sumame) sborn		
TO B	196. INFORMANT'S NAME (Type/Print) Mae Louise Barlo	w			ect Mill Ro				
	20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Rem A Donetion 5 Other (Specify)	oval from State	b. PLACE AND OAT cemetary, crespetor artord N	enor 1	11 Gardens	3-12-93	Aldino		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Le Comos	TIL	Hot	ward K. McC 17 Cokesbu	Comas III	Funeral oingdon	Home, P.A. , Md. 21009	
	23. PART i. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	to A CONSPONENCE OF	AT.			elretory srrest,	Approximate Interval Betwee Onset and Dea	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIF	that initiated events resulting in death) LAST	d							
MEDICAL	PART II. Other significent condition Enc Byer	es contributing to death the photoparts		In the unde	rlying cause given in		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C			/	
РНҮ	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a, DATE OF INJURY (Month, Day, Year)	28b, Til	ME OF 26	g Home 8 Raelderica lc. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED	
TED BY	2 / Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm,	street, factory	r, office	281. LOCATION (Street City or Town, State	and Number or R	lural Route Number,	
COMPLET	onol _	ICIAN: To the beat of my know ER: On the basis of examination						use(a) and menner as stated,	
BE	29b. SIGNATURE AND TURE OF CERTIFIE	R			29c. LICENSE NU 3 4 0	IMBER 25 2	29d. DATE SK	ONEO (Month, Day, Year)	
TO BE CO	30. NAME AND ADDRESS OF PERSON WI	1 4 40	SOULTO		T 300	AIR .	MD .	21014	
	MAR 11 93	32. REGISTRAR'S SIGN			8				



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

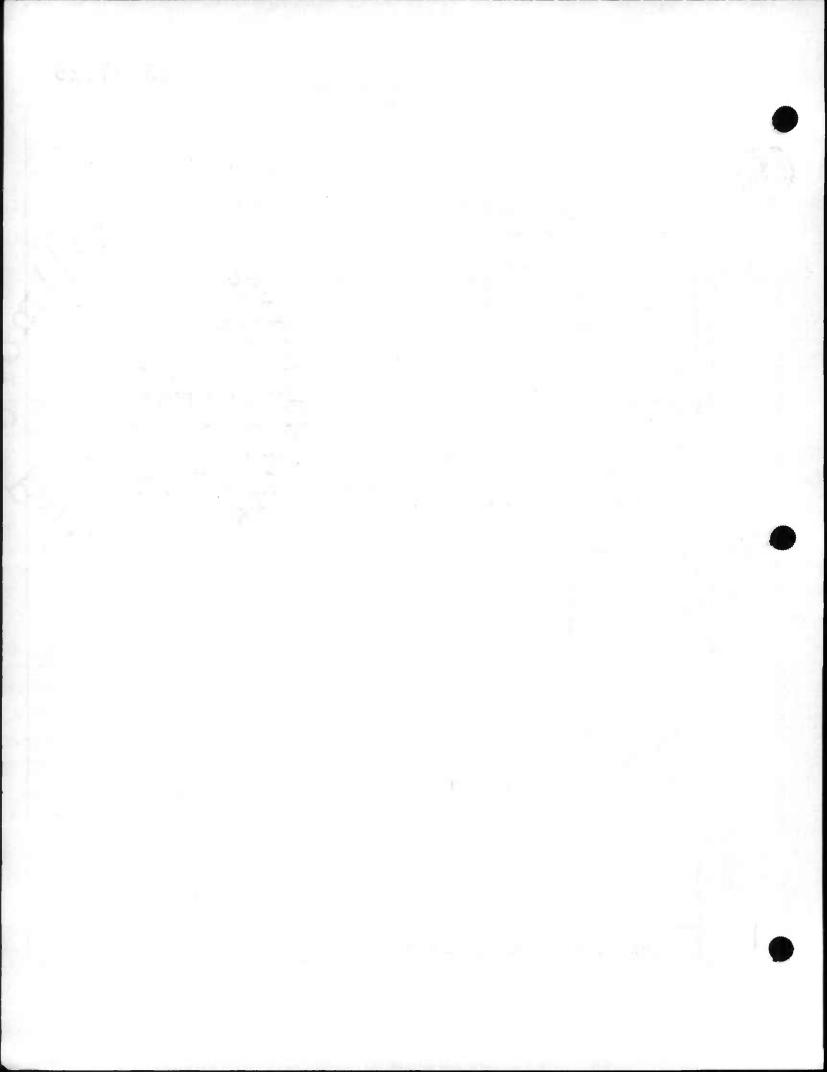
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-bransit permit. Pages 1, 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	IEALTH AND N	MENTAL HYGIE		01023
1. DECEDENT'S NAME (First, Middle, Last,)				2. DATE OF DEATH		3. TIME OF DEATH
James	Thomas	Brov	wn			7. 19	93 8:45 a M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
220-26-4423	1 📉 M 2 🗍 F	63 vrs.	ONTHS DAYS	HOURS MIN.		1929	Maryland
9e. FACILITY NAME (If not inetitution, give		9	b. CITY, TOWN D	OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH
7460 Wayside I	rive		Sund	erland			Calvert
10a. STATE 10b. COUNT	TY	10c. CITY,	TOWN DR LOCAT	TION			10d. INSIDE CITY
Maryland (Calvert		Sunder1	and			1 TES 2 ND
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZ	EN DF WHAT COUNTRY?
7460 Waysid	le Drive			20689			USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF PRICES? 1 YES	S NO	13. WAS DEC	ecify Cuban, Mexican			14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	16a. DECEDENT'S US	SUAL OCCUPATION NO.	ON et of weaking	16b. KIND OF B	USINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	retired.)	St of Working			
4		Farmer					
17. FATHER'S NAME (First, Middle, Last)	_			18. MOTHER'S NAM	IE (First, Middle, Meide	n Surneme)	
John W. 19a. INFORMANT'S NAME (Type/Print)	Brown		Illes y sell to sell on		e V. John		
Angeline Boome					oute Number, City or To		
200. METHOD OF DISPOSITION	1				rederick		
1 Donetion 6 Other (Specify)	novat from State COI	netery, cremetory or other	r place!		1		ity or Town, State
21. SIGNATURE OF FUNERAL SERVICE L		St. Edmond	22. NAME AN	O ADDRESS OF FAC			ake Beach, MD
* Spencer	8. Sen	280			DEMET		ral Home Fred.,MD20678
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS /	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	cinome				Onset and Death
PART II. Other significant condition		out not resulting in	tha underlying	g cause given in F		RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF OEATH (Chec	ok anti anni	_	
EXAMINER?	HOSPITAL:		THER:	a 5 Residence 6			
27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME C	OF 28c. INJU	URY AT	28d. DESCRIBE HOW	INJURY OCCL	IREO
1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year)	1913 843 A		PK?			
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe		et, factory, office	•	26f. LOCATION (Street City or Town, State	9)	
29e. CERTIFIER		lone			7460		de Drive, Sunda-In
	SICIAN: To the best of my know ER: On the basis of examination						f. couse(e) and manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	ER .		T	29c. LICENSE NUM	BER	29d. DATE	SIGNED (Month, Day, Year)
mult				D389	91	D ~	ve-ch 9, 1993
30. NAME AND ADDRESS OF PERSON WI							
	ibut wo	190 HOSD	WAL DE	LIVE. , PR	INCE FRED	elicu .	20678
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN						
MAR 1 0 1003	Chilla Daysdron	- Manage					



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR		STATE OF	MARYLAN	ID / DEPAI Certif					MENT	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)	-	OLITIN	107	12 01	DEA		2 DA	TE OF DEATH			3. TIME OF DEATH
CHARLES	С. В	AILEY								NTH 1 DAY	7/9	YEAR	2:30 A M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UN	DER 1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	1//	a. BIRTH	PLACE (State or Foreign
214-18-974	4	1 X M 2 - F	6	8 YRS.	MONT	HS DAYS	HOURS	MIN.	MA	Y 26 1	924	Country	YLAND
9a, FACILITY NAME (If not in	stitution, give	street and number)			9b. C	ATY, TOWN O	R LOCATI	ON OF DE		1 20 1.		NTY OF DI	
114 SPEARS		L ROAD				ELKT	ON				CF	CIL	
RESIDENCE OF DEC												7011	
MARYLAND	1000 1000	ECIL				H OR LOCAT	ION						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	<u> </u>	ECIT.			KTC								1 TES 2 X NO
109. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 114 SPEARS HILL ROAD 21921 USA									HAT COUNTRY?				
11. MARITAL STATUS			NT EVER IN U	S ARMED	-	12 WAS DECI			uc one	DINO (Consider Vene			4
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO Specify Cubar, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 1 YES 2 NO Specify: 1 YES 2 NO Specify:					, White, atc.								
15. DEC (Specify only	EDENT'S EDI	UCATION le completed)	18	e. DECEOENT'S	USUA!	L OCCUPATIO	N of of working	200	1	6b. KIND OF BUSI	NESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5		Me. Do NOT u	se retire	id.)							
UNKNOWN			E	QUIPM	ENT	OPE	RATO	OR	2	ARMY CO	ORP	OF	ENGINERS
17. FATHER'S NAME (First, M										t, Middle, Maiden S			
CHARLES H. 190. INFORMANT'S NAME (7)		LEY								N BROAL			
DOLORES F		TT.EV								ember, City or Town,			0.21
204 METHOD OF DISPOSITI			20h PI	ACEANDDATE			_	L KL		ELKTON		City or Ton	
Xi X Buriel 2 Cremetion 4 Donnetion 5 C Other	n 3 Rer (Specify)	noval from State	cemeter	y, crematory or c	ther pla	ice!		ידיטע	1				.,
21. SIGNATURE OF FUNERA	L SERVICE L	CENSEE	1	AUGU		22. NAME AN	D ADDRE	SS OF FA	CILITY	STATE OF THE PARTY			E CITY MD
h	-	Lu/								NERAL I			
23. PART I. Enter the di	-	complications th	et coursed th	death De		18 G	EOR	GE S	T,	CHESAI	PEAK	E C	ITY, MD
ahock, or b	sert fellure.	List only one ce	use on each	le deeth. Do i I line,	not en	ter the mod	de of dy	ing, auci	h aa ce	erdiec or respire	atory err	est,	Approximate Interval Between
IMMEDIATE CAUSE (Findisease or condition resulting in deeth)	→	e. Pris y	04/07	L Ca	C.	er							Onset and Desth
	_		(011 43 4 00	MSEGGENCE G	r):								
Sequentially list conditi		b. DUE TO	OR AS A CO	INSEQUENCE O	F):								
csuse, Enter UNDERLYI CAUSE (Disesse or Inju	NG	C											
that initiated events		DUE TO	OR AS A CO	INSEQUENCE O	F):						_		
resulting in death) LAS	' (d											
PART II. Other significe	nt conditio	ns contributing to	deeth but i	not resulting	In the	underlylng	ceuse o	alven in	Part I.	24a. WAS AN A	UTOPSY	24h.	WERE AUTOPSY FINDINGS
						, ,				PERFORM	IED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 - YES 2 [NO		OF DEATH?
									_				1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					28. PL	ACE OF D	EATH (Che	ack only	one)	_		
EXAMINER?		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTH		-						
27. MANNER OF OEATH		28a. DATE O	FINJURY	28b. TIM	E OF	28c. INJU	IRY AT		_	ESCRIBE HOW IN.	JURY OCC	URED	
	Pending investigation	(Month,	Day, Year)	IN.	JURY M	1 V	RK? ES 2] NO					
3 Codeldo	Could not be	28s. PLACE	OF INJURY - , etc. (Specify)	At home, farm,	street, 1	factory, office			28t. LC	CATION (Street an	d Number	or Aural Ad	oute Number,
4 Homicide	determined	- January	, etc. (Opecny)						Cit	ty or Town, State)			
		SICIAN: To the best of											and manner as stated.
296. SIGNATURE AND TITLE	OF CERTUFIE	R					29c. LICE	ENSE NUM	IBER		29d. DATE	SIGNED	(Month, Day, Year)
H. 80	Me	s, MD					DIG	531	4		► 3.	11/9	3
30. NAME AND ADDRESS OF	PERSON WI	HO COMPLETED CAL	ISE OF DEATH	(ITEM 27) (Type	Print)	i .	- 0			Nor1	Ler,	n c	he sapeake
31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATU	RE .	IKI	my	ער	219	21		/	14050	1114
MAR 0 3 '93		Achia Davi	dson-Ra	ndeec									1

DHMH-t8 Rev 1/89

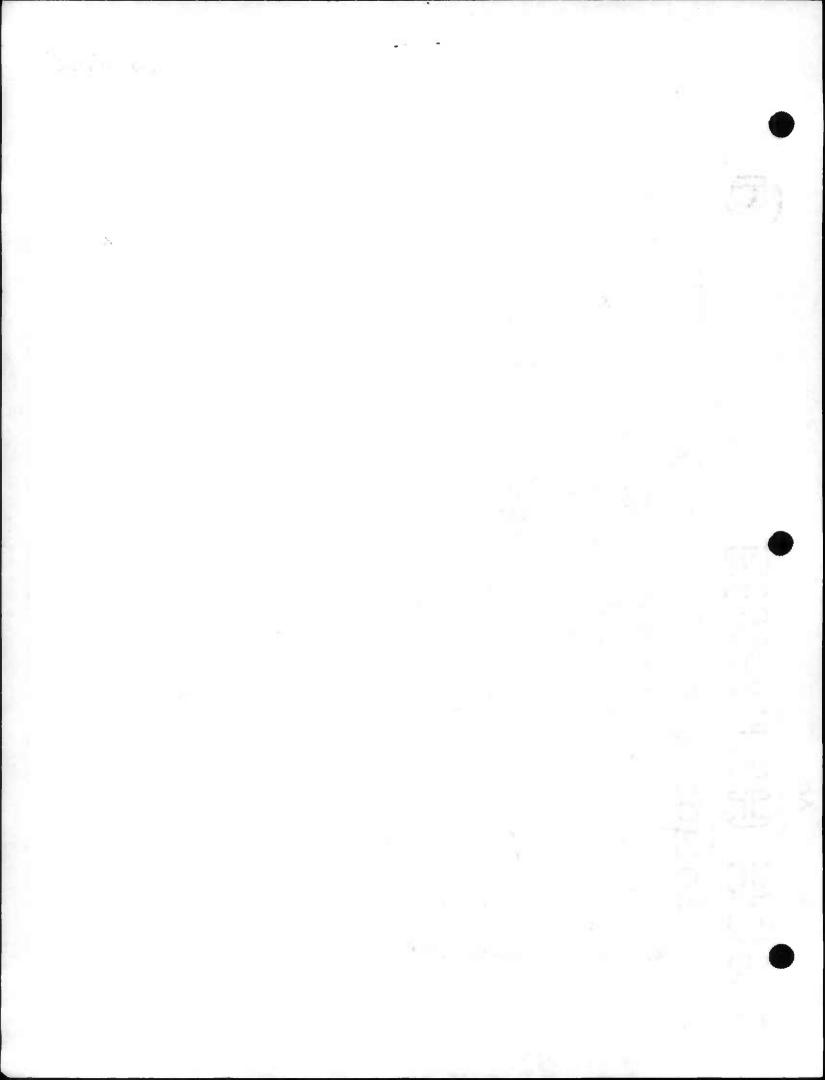
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last,)				2. DATE OF DEATH		3. TIME OF DEATH
EVANS ELWOOD	BROWN				MARCH 1,	1995	11:20 Am
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 6	BIRTHPLACE (State or Foreign
221-03-5314	1 🔀 M 2 🗆 F 💮 8	30 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)		Varwick, Md.
9a. FACILITY NAME (If not institution, give	street end number)	98	, CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	
Union Hospita			E1kto			Ceci	1
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUN	TY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland Cec	il	Elk	ton				1 YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
515 Hollingsw	orth Av.			21921		USA	
11. MARITAL STATUS	12. WAS OECEDENT EVER	IN U.S. ARMEO			IIC ORIGIN? (Specify Yes	or No.— 14.	RACE American Indian,
1 Never Married 25 Married	FORCES? 1 XYES			cify Cuben, Mexica 2 M NO Specify	n, Puerto Ricen, etc.)		Black, White, etc. Specify:
3 Widowed 4 Divorced	WW II						white
15. DECEOENT'S ED (Specify only highest grad	UCATION de completed)	16e. OECEDENT'S US (Give kind of work			18b. KIND OF BUS	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	etired.)				
12	-	Manager			Retai	1 Sale	es
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
Elwood Brown				Dora E	vans		
19a. INFORMANT'S NAME (Type/Print)	****				Route Number, City or Tow		
Mary H. Brown	100.00	515 H	Hollin	gsworth	Ave.,El	kton, l	Md.21921
20a METHOD OF DISPOSITION		Db. PLACE AND GATE OF				CATION — City	
4 Donation 5 Other (Specify)	mover from state	Cemetary, crematory or Forest Ce	emeter	у 3	iM E6/5/8	ddlet	owm,Delaware
21. SIGNATURE OF FUNERAL SERVICE	TICENSEE		22. NAME AL	D ADDRESS OF FA	UTCHISON		19709
DIN	17#4/1						
3-0400	, enter	<u> </u>					letown, De.
23. PART i. Enter the diseases, Di shock, Dr heart failure	b. List only one cause on		enter the mo	de of dying, suc	n as cardiac or respi	ratory arrest,	Approximate interval Between
IMMEDIATE CAUSE (Final	D			4			Onset and Death
disease or condition							
	a. POBUY	1000 pr	neu	man	~ -		
reaulting in death)	a. OUE TO (OR AS	A CONSEQUENCE OF):	neu	man	a - 0 :		
reaulting in death)	a. Cham	A CONSEQUENCE OF):	neu	man Lu	ing Dis	eas	
Sequentially list conditions,	a. OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	neu	man Lu	ng Dis	eas	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	¢		neu	man'	ng Dis	eas (
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	¢	A CONSEQUENCE OF): A CONSEQUENCE OF):	neu	man Lu	ng Dis	ens (
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	¢		neu	man Lu	ng Dis	ens (
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF):			Part I. 24s. WAS AN	AUTOPSY 3MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):			Part i. 24a, WAS AN	AUTOPSY 3MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):			Part I. 24s. WAS AN	AUTOPSY 3MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	cDUE TO (OR AS	A CONSEQUENCE OF):			Part I. 24s. WAS AN	AUTOPSY 3MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS d. ona contributing to death Hengy	A CONSEQUENCE OF): but not resulting in	the underlyin		Part I. 24s. WAS AN PERFOI	AUTOPSY 3MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS d. ona contributing to death fends HOSPITAL: 1 Inpetient 2 ER/Ou	but not resulting in	26. PI	g cause given in	Part I. 24s. WAS AN PERFOI 1 YES 2 seck only one)	AUTOPSY MMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	d	but not resulting in	26. PI	g cause given in	Part I. 24a. WAS AN PERFOI	AUTOPSY MMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	DUE TO (OR AS d	but not resulting in	26. Pi Nursing Hon	g cause given in	Part I. 24s. WAS AN PERFOI 1 YES 2 seck only one)	AUTOPSY MMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation of the significant conditions of the significa	DUE TO (OR AS d	but not resulting in the state of the state	26. PI THER: Nursing Hon No. 1 W. W. W. 1	g cause given in LACE OF DEATH (Cr. 10 5 Reeldence 1URY AT 1YES 2 NO	Part I. 24s. WAS AN PERFO! 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW (Street	AUTOPSY MMED? NO NO NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions are suiting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS d. ona contributing to death HOSPITAL: 1 Inpatient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Vear)	but not resulting in the state of the state	26. PI THER: Nursing Hon No. 1 W. W. W. 1	g cause given in LACE OF DEATH (Cr. 10 5 Reeldence 1URY AT 1YES 2 NO	Part i. 24a. WAS AN PERFOI 1 TYES 2 eck only one) 8 The Other (Specify) 28d. DESCRIBE HOW II	AUTOPSY MMED? NO NO NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions to the second significant conditions. The second significant conditions to the significa	DUE TO (OR AS d	but not resulting in the treatment 3 DOA 4 28b. TIME (1) TY — At home, farm, streecity)	26. Pi THER: Nursing Hon SF W 1 Thet, factory, office	g cause given in	Part I. 24s. WAS AN PERFOI 1 YES 2 Deck only one) B Other (Specify) 28d. DESCRIBE HOW City or Town, State)	AUTOPSY MMED? NO NO NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation of the Medical Province of t	DUE TO (OR AS d	but not resulting in the treatment of th	26. PI THER: Nursing Hon Norsing Hon SF Y M 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in LACE OF DEATH (Cr. te 5 Reeldence URRY AT SHK? YES 2 NO	Part I. 24s. WAS AN PERFOI 1 VES 2 Deck only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	AUTOPSY MMED? NO NO NJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and investigations are successful to the conditions of the cause of the	DUE TO (OR AS d. Ona contributing to death HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Veer) building, etc. (Sp	but not resulting in the total state of the total s	26. PI THER: Nursing Hon Norsing Hon SF Y M 1 1 1 1 1 1 1 1 1 1 1 1 1	G cause given in LACE OF DEATH (Cr. 10 5 Reeldence FURRY AT SHK? 2 NO 10 end place, end due 10 end place, end due 10 end place, end due	Part I. 24a. WAS AN PERFOI 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW one) 28f. LOCATION (Street City or Yown, State) is to the cause(e) end main time, date end place, ea	AUTOPSY TAMED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Rural Route Number,
PART II. Other significant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation of the Medical Province of t	DUE TO (OR AS d. Ona contributing to death HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Veer) building, etc. (Sp	but not resulting in the total state of the total s	26. PI THER: Nursing Hon Norsing Hon SF Y M 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in LACE OF DEATH (Cr. te 5 Reeldence URRY AT SHK? YES 2 NO	Part I. 24a. WAS AN PERFOI 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW one) 28f. LOCATION (Street City or Yown, State) is to the cause(e) end main time, date end place, ea	AUTOPSY TAMED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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PART II. Other significant conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death and conditi	DUE TO (OR AS d. Ona contributing to death HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp	but not resulting in the state of the state	26. PI 26. PI 27. THER: Nursing Hon Set, factory, office at the time, date In my opinion, of	g cause given in ACE OF DEATH (C) The 5 Reeldence RURY AT YES 2 NO The country of the c	Part i. 24s. WAS AN PERFO! 1 YES 2 1 YES 2 28c. LOCATION (Street City or Town, State) 1 to the cause(e) end ma 1 time, date end place, et	AUTOPSY TAMED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Rural Route Number,
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI			MENTAL HYGIEN REG. NO.	_E 93	07032	
	1. DECEDENT'S NAME (First, Middle, Linst) GRANVILLE EDWA	ARD B	IXLER			2. DATE OF DEATH	19933ª	3. TIME OF DEATH	
3	4. SOCIAL SECURITY NUMBER 5. 213-10-7436 1		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month), Day, Year) 09/01/11	THPLACE (State or Foreign			
TOR	9e. FACILITY NAME (If not institution, give street 302 HIGH ST. RESIDENCE OF DECEMENT	and number)	9	NEW WI	NDSOR	ATH	90. COUNTY OF DEATH CARROLL		
DIRECTOR	10s. STATE 10s. COUNTY	Da. STATE 10b. COUNTY			ION		10d. INSIDE CIT Light 1955 1 Yes 2		
FUNERAL	302 HIGH ST.			101.	ZIP CODE 2177	6	10g. CITIZEN OF	what country?	
ВУ	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 (IF YES, GIVE WAR OR DATES			city Cuban, Mexican	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	ee or No— 14. RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade corr Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)		k done during mos etired.)	N It of working	16b. KIND OF BUS			
JWC	17. FATHER'S NAME (First, Middle, Last)	2 S	EC'Y-TR	EAS.	40 MOTHER'S NAL	INSU	JRANCE (0.	
BE C	GRANVILLE B. BIXLE	R			ETHE	L RICHARDS	SON		
2	RICHARD S. BIXLER		156 WIL			COUTE Number, City or Town	n, State, Zip Code) M	D 21157	
	20a. METHOD OF DISPOSITION BURI 1 Daurel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	AL 20b. PLAC cometeo: KR	CEAND DATE OF I	DISPOSITION (New CEMETER	me of	1	ESTMINST	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIGENS)		D ADDRESS OF FAC			R & SONS	
CERTIFICATION	23. PART I. Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CON:	SEOUENCE OF): SEOUENCE OF):	y a	a dia	linga Linga Disea	n Acu	Approximate interval Between Onset and Death	
CERTIF	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CON							
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions of	entributing to deeth but no	t resulting in	pica MI 8510	SI WAS	PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
YSIC	1 ☐ YES 2 ☑ NO 1 [OSPITAL: Inpetiant 2 ER/Outpetient		THER:	5 X Residence 8	Other (Specify)			
	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO		28d. DEŞCRIBE NOW IN	JURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	home, farm, street, factory, offica 281. LOCATION (Stree City or Town, State			nd Number or Rural	Route Number,	
COMPLETED		N: To the best of my knowledge, On the besis of examination and/						(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7810ala	Q' N	5	29c. LICENSE NUM	BER 3015	29d. DATE SIGNE	1	
0	30. NAME AND ADDRESS OF PERSON WND CO	TON HIGT	TEM 27) (Type, Pri	Done CT	R W	ESIMINS	TER,	nd 21157	
	31. DATE FILED (Mo (1) (1) 97) 93	32. REGISTER SIGNALIPA	doon-Alone	42.	•				

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item 23 shows any injury, or other traumatic

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Item 28

MPORTANT: If

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Miller

'93

4 Culwell Dr. Mt.

MD 21771

Airy,

Ronald E.

W 9

31. DATE FILED (Month, Day, Year)

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2 2 3

hospital or attending physician.

be retained by the

rfter death. Page 6 may

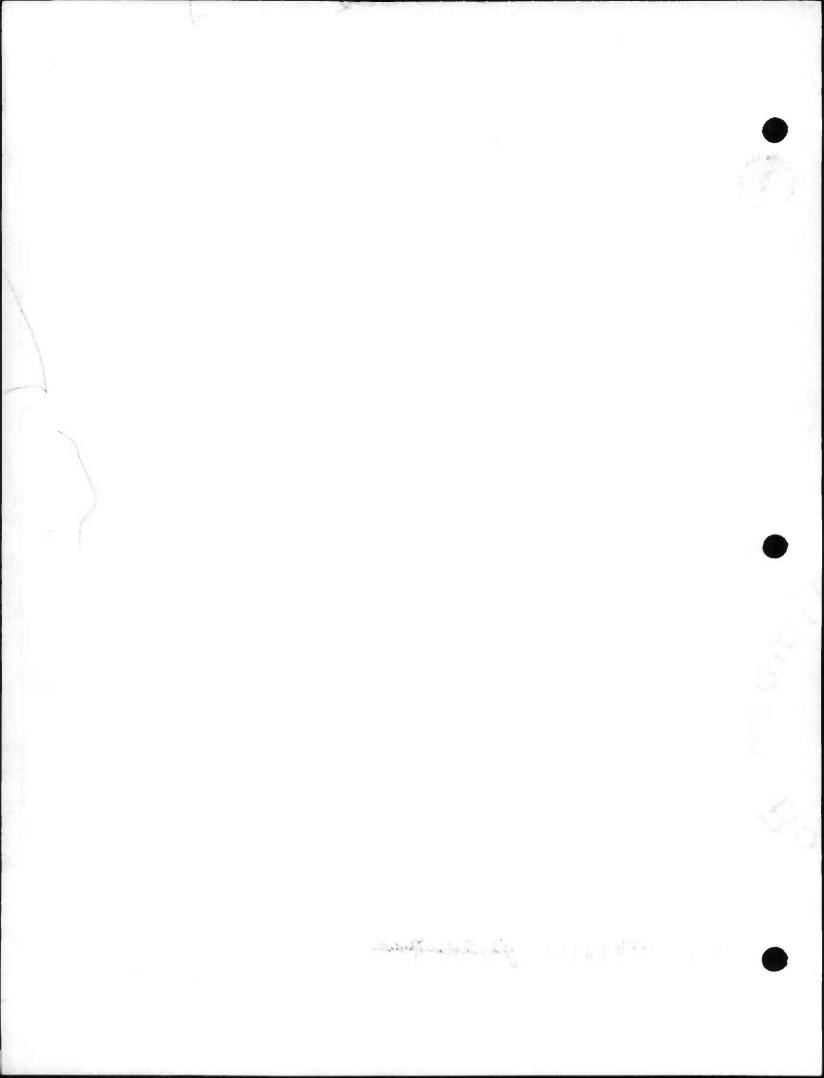
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	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Irene Gloria Brewer 3/7/93 4.07PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F YRS. 219-48-4294 75 2/26/18 New York 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH IRECTOR 12926 Coppermine Rd Union Bridge Frederick 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? 1 X YES 2 NO ō Florida Sarasota Sarasota FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3220 Riviera Drive 34232 S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— If yes, specify Cuban, Mexican, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 X NO 1 Never Married 2 Married 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: ВУ 3 Widowed 4 Divorced White ETED. 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL analvst Federal gov't 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) John L. Ortynsky BE <u>Stephania Wolansky</u> 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joanne B. deMoll 2926 Coppermine Rd. Union Bridge, MD 21791 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION
1 □ Burial 2 ☒ Cremation 3 □ Ren 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 4 ☐ Donatton 5 ☐ Other (Specify) Cremation, Inc. Carroll Hampstead, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & Sons wrene Libertytown, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch es cardiac or reepiratory errest, Approximate shock, or heart failure. List only one course on each line interval Betwe Onset end Death **IMMEDIATE CAUSE (Fine)** diseese or condition resulting in death) Cook DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in desth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetie OTHER: erit 3 🗆 DOA 1 YES 2 NO ng Home 5 Residence 8 Other (Specify) 4 | Numi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (\$pecify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED e 🗌 Could not be 4 Homicide 1 CERTIPTING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only MEDICAL EXAMINER: On the be tigation, in my opinion, death occured at the time, date and piece, end due to the cause(s) and manner as stated. 296. SIGNATURE AND ITTLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 264 3 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.			
- 0	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
		JUDITH P. BATTLE			MONTH DAY	YEAR 93	2:10 P M	
	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign	
	578-68-2822 9a. FACILITY NAME (If not institution, give	1 M 2 F 42	YRS. MON	THS DAYS HOURS MIN.	(Month, Day, Year) 10 18- 5	THE STATE OF THE S	hington, DC	
DIRECTOR	PRINCE GEORGES	HOSPITAL	30.	CHEVERLY	DEATH	9c. COUNTY OF D PG	EATH	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c, CITY, TO	WN OR LOCATION			10d. INSIDE CITY	
E	MD Prin	ce Georges		Seabrook			LIMITS?	
١	10e. STREET AND NUMBER	ee deorges		101. ZIP CODE		1 YES 2XXNO		
FUNERAL	9328 Wellington	Street		20706				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	I.S. ARMED	13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yes or	USA No- 14. RACI	E — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuban, Mexic 1 YES 2 NO Spec	en, Puerto Rican, etc.)	Blac	k, White, stc.	
184	3 Widowed 4 Divorced	2000 - 07 20010		YAY short		Space	Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION 10 completed)	6a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY		
اڙ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	300°	ì			
\$	12 17. FATHER'S NAME (First, Middle, Last)		<u>Administra</u>	ation Asst.		ct Gove	rnment	
_					IAME (First, Middle, Maiden Su	mame)		
B	James Battl 19a. INFORMANT'S NAME (Type/Print)	<u>e</u>	19h MAILING ADD	RESS (Street and Number or Rura	nch Dixon	Ohen Zie Ohelel		
2	Robert Muse		1	Wellington Str			20706	
	20a. METHOD OF DISPOSITION	20b, P	LACE AND DATE OF DI			TION — City or To		
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	roval from State cemete	ery, crematory or other p	Crematory	1 1	entwood		
	21. SIGNATURE OF FUNERAL BEINVICE LE			22. NAME AND ADDRESS OF F	ACILITY			
	· S/6	Most			Funeral Homensburg Rd, Br		1 Md 20722	
BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident 3 Suicide 8 Could not be	HOSPITAL: 1 N inpatient 2 = ER/Outpets 28e. DATE OF INJURY 28e. PLACE OF INJURY	onseduence of): not resulting in the condition of the co	28. PLACE OF DEATH (C HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 ND	n Part i. 24a. WAS AN AU PERFORME 1 YES 2 S	URY OCCURED	Interval Between Onset and Death Next and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? T YES 2 NO	
LEIED	4 Homicide determined	building, atc. (Specify))		City or Town, State)		note Hernout,	
COMPLE	2 MEDICAL EXAMINI	ER: On the basic of examination e					e) end manner as stated.	
0 0	296. SIGNATURE AND TITLE OF CERTIFIE	J. Kns	Yy.	29c. LICENSE NO	JMBER 2	DATE SIGNED	(Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WI					(
	VILLAMOR S	S. REYES , F	1.D. C	501 Landove	iv AD Cha	ver (7D. 20181	
	31. DATE FILED (Mapth, Day, Your) 1993	32. REGISTRAR'S SIGNATI	Andreas.			7		



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Degr. or Health and Mental Hygiene prior to burial, cremation, or removal.	INTODIANT. II TOTT 60 IS MOTAD, OF THE COSTONS ON THINK, OF CUTCH MAUNIANC OVAIN, THE INSULATION MOTES.
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FEB 2 3 1993

32. REGISTRAR'S SIGNATURE

											93	3 0	7035		
	1 - FOR STATE REGISTRAR	STATE OF M			TMEN					HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)						DEA		2. DATE OF DEATH 3. TIME OF DEAT					1 6	
	Obie 4. SOCIAL SECURITY NUMBER	Wilmer 5. SEX	6. AGE (in yrs. les	Bays	_	IF UNDER 1 YEAR			2 2 Z			73	4:52 IPLACE (State or Fore	- M	
	235-09-4716	1 √ M 2 □ F	79	YRS.	MONTHS	DAYS	HOURS MIN.		9/25/13		Country		Virgini	-	
_	9a. FACILITY NAME (If not institution, give s					, TOWN O	R LOCATI	ON OF DE			9c. COUNTY OF DEATH				
Ę.	Southern Maryland Hospital Center Clinton									Prince George's					
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCATION							10d. INSIDE CITY				
	Florida India												YAYES 2 N	10	
ERA	542 Michael St.					101	3295		109. CITIZEN OF WHAT COUNTRY? USA						
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Maxico 1 YES 2. NO Specifi				ANIC ORIGIN? (Specify Yes or No- an, Puerlo Ricen, etc.)			o- 14. RACE - American Indi Black, White, etc. Specify White		١,	
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	DN .		16b. KI	ND OF BU	SINESS/IN		WILLE		
LETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)			work done se retired.)		st of workin	10		- 1					
COMPL	11 th 17. FATHER'S NAME (First, Middle, Last)		Re	tire	d Mi	ner	40.000		Coal Miner						
ш	Claude Bays							Leli		rice	Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
	Myrtle I. Bays	, , , , , , , , , , , , , , , , , , , ,								oate 20c, LOCATION — City or Town, State					
	20g, METHOD OF DISPOSITION 1 (A Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Mount Tabor Cemetery 2/26/93 Beckley, W. Virg									· ·	2				
	21. SIGNATION OF FUNERAL SERVICE LIC	ENSEE // /	7 .	-45	22.	NAME AN	O ADDRE	SS OF FA	CILITY					<u>a</u>	
	Leonge =	Pral	as		61	160 ⁸ 6	on Oxon	Hil:	l Rd.	Oxon	Hom Hil	e 1, Md	i. 20745		
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that List only one gaus	caused the de e on each line	ath. Do	not enter	the mo	de of dy	ing, suci	h as cardiad	or respi	iratory ar	rrest,	Approximat Interval Bet	ween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)												Onset and I	Death	
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NO	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):														
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ül	1000	(-	-		1	D: +	-				į		
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	DUENCE O	F):		-3		3						
빙		1									-				
SAL	PART II. Other algnificant condition	s contributing to d	leath but not	esulting	in the ur	nderlying	cause	given In		la. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINE AVAILABLE PRIOR TO	0	
PHYSICIAN: MEDICAL	1 YES 2 NO COMPLETION OF CAUSE OF DEATH?														
N.	Character line die											,			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Chi	eck only one)						
HAS	1 VES 2 NO 1 Note that 2 ER/Outpatient 3 DOA 4 Norsing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED														
ВУР	1 Natural 5 Pending 2 Accident Investigation	Pending (Month, Day, Year) INJURY WORK?													
	3 Suicide 8 Could not be datermined 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)														
COMPLETED	29a. CERTIFIER (Check only one) 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner es stated.														
BE	296. SIGNATURE AND TITLE OF CERTIFIER Meha 2 Mot 1 L KOULMD 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)														
10	30. NAME AND ADDRESS OF PERSON WHO MOTI L. Koul	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	, Print)			C. T.							
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DHMH-16 Rev 1/89

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020	hysician.	ourial-transit permit. Page	

by the hospital or attending be detached for use as the IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00	ours after death. Page 6 may be retained by the hospital or at	In by the funeral director, page 5 should be detached for use or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

JAMES H.

												3 (7036		
	FOR 1 - STATE REGISTRAR	STATE OF MA									_				
	1. DECEDENT'S NAME (First, Middle, Lest)	OZITI OATE OF DEATH REG. NO.											3. TIME OF DEATH		
	JOHN	CLIFFOR		FEB 1	9 19	YEAR	8:48	PM							
								7. DATE OF BIRTH 8. E				IPLACE (State or Foreign)	חק		
- 3		₩ 2 □ F			YRS. MONTHS DAY		HOURS	MIN.	SEP	P 15 1928		OHIO			
œ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE											EATH			
5	NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGO												GOMERY		
DIRECTOR	10a. STATE 10b. COUNTY	. STATE 10b. COUNTY 10c. CITY, TOWN OR LOC							CATION						
	MARYLAND PRINCE GEORGE'S FORT								N		1 TYES 2 NO				
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	WHAT COUNTRY?			
N.	10007 MORELAND	STREET	VED IN ILE AD	MED	10	W# 0 DEC	20744 DECENDENT OF HISPANIC ORIGIN? (Specify Yes of						STATES		
	1 Never Married 2 Married	FORCES? 1 T	YES 2 N			II yes, sp	ectly Cuba	n, Mexica	n, Puerto Ric	specify Yes	or No-	Blac	E — American Indian, k, White, atc.		
B	3 Widowed 4 Divorced		- 1969			1 123	Z X NO	Specin	γ.			Spec	WHITE		
目	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	(Gi	CEDENT'S	rork done	during ma	ON ast of workin	ıg .	16b. K	ND OF BU	SINESS/IN	DUSTRY			
딞	Elementary/Secondary (0-12)	College (1-4 or 5+)	<i>""</i> 0.	Do NOT us											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			U. S	A	RMY	18. MOTH	IER'S NA	ME (First, Mid	EFEN					
BE C	GLENN BROWN							LEO	VA PER	RY					
0	19a. INFORMANT'S NAME (Type/Print)	-20	191	b. MAILING	ADDRES	S (Street a	nd Number		Route Number,		n, State, Zij	p Code)			
	MARGARET K. BROWN 10007 MORELAND STREET, FORT WASHINGTON MD 207/4											44			
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town, State														
	Arlington Nat. Cemetery 2-25-93 Ft. Myer, Virg									rginia					
	1 Rt C+						Lee Funeral Home, Inc. Old Alexander Ferry Rd., Clinton, Md.							d.	
	23. PART / Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between														
	IMMEDIATE CAUSE (Final disease or condition											Onset and D			
	resulting in death) a. NON-SMALL CELL LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF):														
_	DUE TO (OR AS A CONSEQUENCE OF):														
TIFICATION	Sequentially list conditions, if eny, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):														
S	CAUSE (Disease or Injury														
E	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEC	DUENCE OF):										
CE	d							_					1		
	PART II. Other significant conditions of	ontributing to de	ath but not n	esuiting i	n the u	nderlyln	g ceuse g	lven in	Part I. 2	a. WAS AN		246	WERE AUTOPSY FINDS	NGS	
00	COM										OF DEATH?	SE			
M									_	1 - YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												_		
BY PHYSICIAN: MEDICAL	EXAMINER?	OSPITAL:	B/Outpatient 3	□ noa	OTHE	R:				15					
Ä	27. MANNER OF DEATH	28a. DATE OF INJ	28c. INJ	Home 5 Residence 8 Other (Specify) INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							_				
×								WORK? YES 2 NO							
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, of building, etc. (Specify)											TYON (Street and Number or Rural Route Number, r Town, State)			
E,	A CAPATINE														
COMPLETED	(Check only 1 LA CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated, one														
8	2 MEDICAL EXAMINER: C	On the basis of exam	ination and/or i	nvestigation	n, in my	opinion, d	eath occur	ed at the	time, date an	d place, an	d due to ti	he cause(s) and manner as state	d.	
BE	296 SIGNATURE AND TITLE OF CERTIFIER						29c. LICE				29d. DAT	E SIGNED	(Month, Day, Year)		
2	Canas Jane	- M	., D.	D-39					-39256 \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>						

22193 D-39256 NATIONAL NAVAL MEDICAL CENTER

BETHESDA MD 20889-5600

T. MC. USNR
32. REASTRAR'S HIGHATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	il director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2	ner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	OF	DEAT	H		REG. NO.

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	But	ts Si		2. DATE OF OEATH MONTH 2 - 2 C	- 93	3. TIME OF DEATH
3		M 2 □ F 62	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MARCH 14,	1930 BAI	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street an 10810 WHITEHOUSE I			, town or location of d LARGO	EATH	PRINCE	GEORGE 'S
DIRECTOR	MARYLAND PRINCE	GEORGE 'S	10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10810 WHITEHOUSE	ROAD		101. ZIP CODE 20772		10g. CITIZEN OF V	WHAT COUNTRY?
ВУ	1 Never Married 2 Wharried	MS DECEDENT EVER IN U.S. AF DRCES? 1 Tyes 2 X YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexica 1 ☐ YES 2 XNO Special	an, Puerto Rican, etc.)	or No— 14. RACI Black Speci	E — American Indian, k, White, etc.
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade complete (Particular of College (Parti	ted) (G	CECENT'S USUAL Of the kind of work done to NOT use retired.) SYSTEM	during most of working	16b. KIND OF BUS	NESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) ERNEST BUTTS, St	ί.		18. MOTHER'S NA	AME (First, Middle, Maiden S NIE BELL WI	Surname)	ON
5	PEGGY J. BUTTS 20a. METHOD OF DISPOSITION		10810 WH	S (Street and Number or Rural TEHOUSE ROA	D LARGO, MA	ARYLAND 2	
	20s. METHOD OF DISPOSITION 1√2 Burlel 2 □ Cremation 3 □ Removal In 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE,OF FUNERAL SERVICE LICENSEE	cemeta cre		CEMETERY	2-25 CHEI		
	Juawana	Braxt	507	J.B. JENKI 7474 LANDOV	ER RD. LAND	OVER, MI	20785
CERTIFICATION	23. PART i. Enter the diseases, or compliance, or heart failure. List or iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):		th as cardiac or reaple	ratory arrest,	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significent conditions conf	ributing to deeth but not	resulting in the u	nderlying couse given in	Part I. 24a. WAS AN PERFORI	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA		SPITAL: npatient 2 - ER/Outpatient 3	OTHE	26. PLACE OF OEATH (C/			
BY PHY	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
8	4 Homicide determined	Re. PLACE OF INJURY — At he building, stc. (Specify)	ome, farm, street, tac	tory, office	261. LOCATION (Street a: City or Town, State)	nd Number or Rural I	Route Number,
COMPLET	one) 2 MEDICAL EXAMINER: On t	to the best of my knowledge, do the basis of examination and/or					and manner as stated,
TO BE	30. WAMEAND ADDRESS OF PERSON WHO COM	LIGUE A	M 27) (Typo, Print)	29c. LICENSE NU	MBER 30	29d. DATE SIGNED	(Month, Day, Year)
	PEB 2 4 1993	2. REGISTRAR'S SIGNATURE	2	July Will	CP SAV	v. jvu	N/40



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29e. CERTIFIER

296. SIGHATURE AND TITLE OF CERTIFIES

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

07038 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. OATE OF CEATH 3. TIME OF DEATH YEAR 2/23/93 Irene E. Blankenheim 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 V F 95 212-42-2685 3/20/1897 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATI 9c. COUNTY OF DEATH FUNERAL DIRECTOR 13 River Drive Severna Park Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Severna Park 1 YES 2 100 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13 River Drive Severna Park U.S.A. 21146 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 XWidowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Stallings. Lilly Mae 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Braun 13 River Drive Severna Park, Maryland 21146 20a. METHOD OF OISPOSITION
1 Depuriet 2 Cremetion 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Loudon Park Cemetery 4 Donation 5 Other (Specify) Baltimore, MD 21. SIGNATUILL OF FUNDIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park MD 21146 23. PART V Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ehock, or haart failure. List only one cause on each line. **IMMEDIATE CAUSE (Fine)** Onset and Death disease Dr condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 | YES 2 | 1 100 OF DEATH? 1 TES 2 THE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) HOSPITAL: 1 YES 2 NO 1 | Inpstient 2 | ER/Outpstient 3 | DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 26c. INJURY AT WORK? 28b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 1 Antural 5 Pending Investigation BY 1 YES 2 THO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Yown, State) COMPLETED 6 Could not be 4 Homicide

29c. LICENSE NUMBER DO82 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITTM 27) (Type, Print) DONAL ROBINSON 1415 2

29d. DATE SIGNED (Month, Day, Year)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

32. REGISTRAR'S SIGNATURE RANDARDE

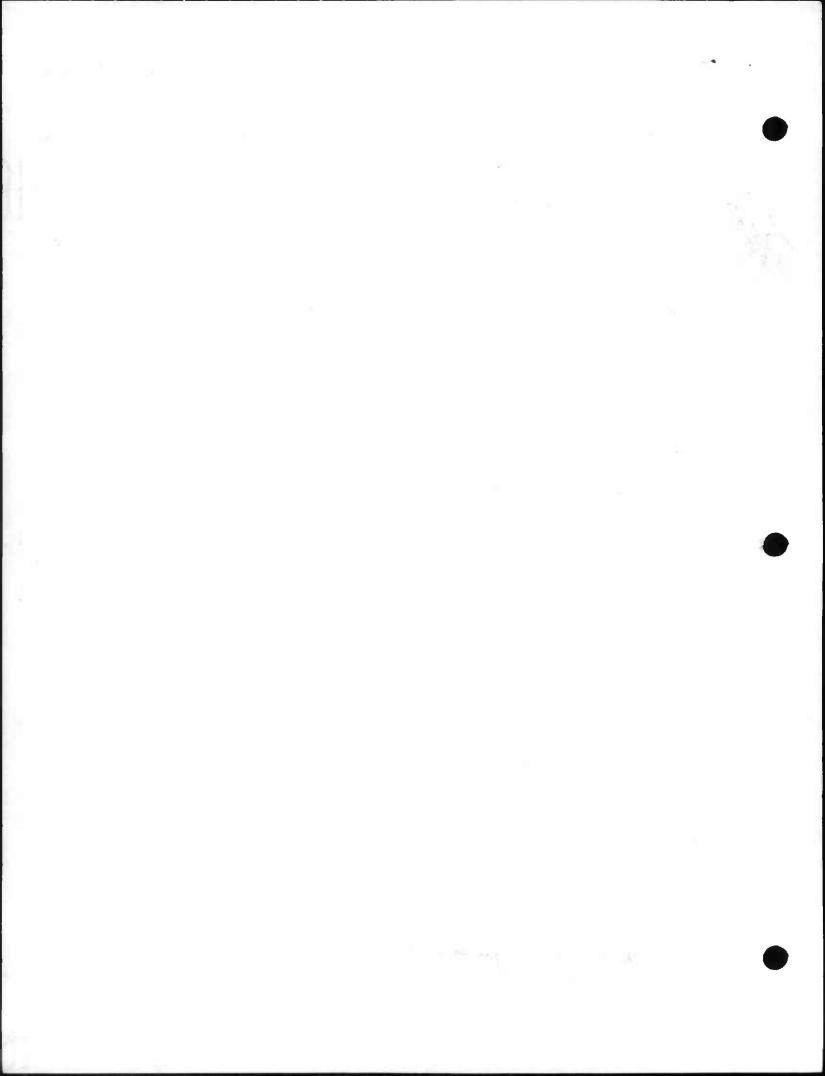
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31. DATE FILED (Month, Day, Year)

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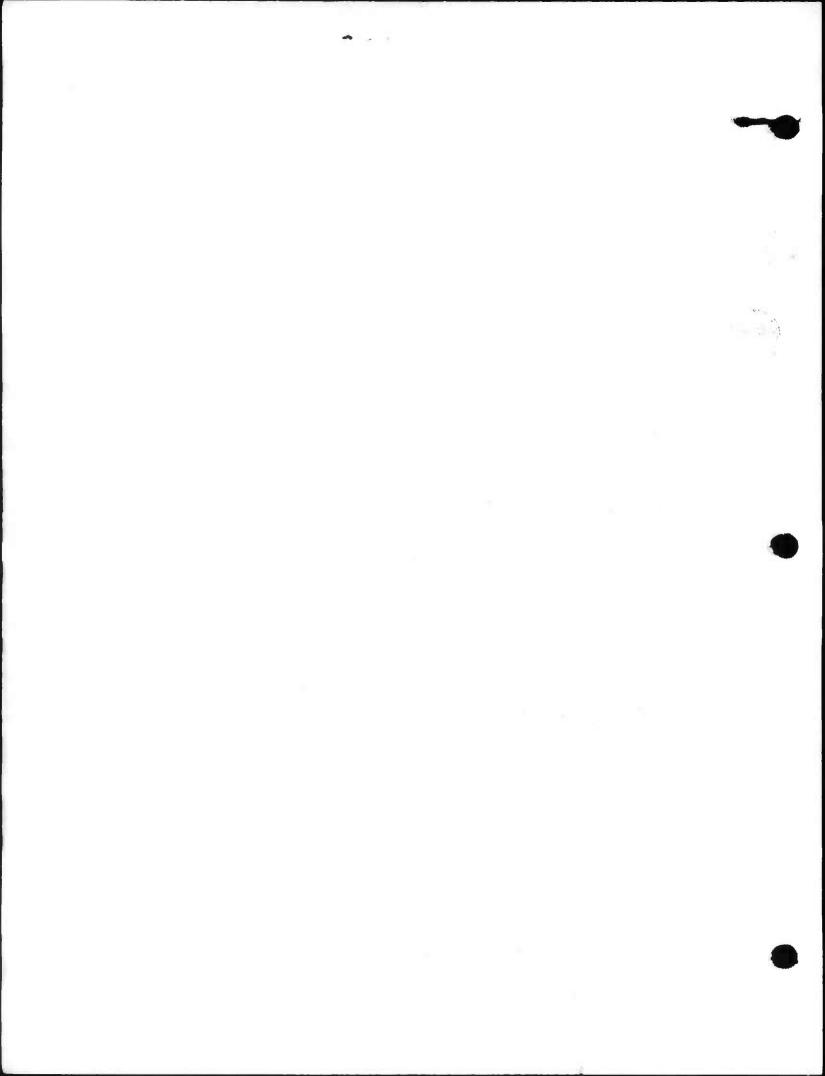
								93	07039
	1 - FOR STATE OF REGISTRAR			TMENT OF	HEALTH AND		YGIENE EG. NO.		
i	1. DECEDENT'S NAME (First, Middle, Last) HELEN Kather	ne 1	310	1		2. DATE OF D		93 YEAR	3. TIME OF DEATH 345 A M
1	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 🔀 F	6. AGE (In yrs. les	t birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 5/23/		Coun	HPLACE (State or Foreign http://
TOR	9a. FACILITY NAME (If not institution, give street end number) HOLFOLD MEMOLIA X RESIDENCE OF DECEDENT	ospital		HOVE	OR LOCATION OF D	ace	9c.	COUNTY OF	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Harford		10c. CITY	TOWN OR LOCA	te Hall				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 5332 Norrisville Road			10	M. ZIP CODE 21161		10g	CITIZEN OF	WHAT COUNTRY?
BY FUN	1 Never Married 2 Married FORCES?	IT EVER IN U.S. AR I YES 2 XIA MAR OR DATES	MED 10	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 NO Specif	n, Puerto Rican	pecify Yes or No , etc.)	Blac	CE — American Indian, ck, White, etc.
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(G	ive kind of w Do NOT us	USUAL OCCUPAT ork done during me retired.)	ost of working Worker		of Busines		Corp.
E COMPLET	7th grade 17. FATHER'S NAME (First, Middle, Lest) George Hofmeister	1.00			18. MOTHER'S NA Mary M	ME (First, Middle			COIP.
TO B	19a. INFORMANT'S NAME (Type/Print) Margaret B. Fisher				and Number or Rural				21161
8	20a, METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)			F DISPOSITION (A		3/5	20c. LOCATIO		own, State
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE . E	line			ND ADDRESS OF FA	E.I.	ine Fu Hamps		Home Md. 21074
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one car	t caused the de	ath. Do n						Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	OR AS ADDISE	WE OF	hea	It a	Mu	ف		Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate	1 mm	DUENCE OF	aul	ey I	lue	ue		1
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	(OR AS A CONSEC	QUENCE OF):	-1				
IL CEI	PART II. Other significant conditions contributing to	death but not r	esulting in	n the underlylr	ng ceuse given in	Part I. 24a.	WAS AN AUTO	PSY 24	b. WERE AUTOPSY FINDINGS
MEDICA						10	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
IYSIG	t VES 2 NO 1 Inpetient 2	ER/Outpatient 3			ne 5 🗆 Residence				
ВУ РЬ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation		28b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIB	E HOW INJURY	OCCURED	
0	3 Suicide 8 Could not be determined	OF INJURY — At horetc. (Specify)	me, ferm, si	treet, factory, offi	00	281. LOCATION City or You	N (Street and Nu vn. State)	mber or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of experience of the control								s) and manner es stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	X			29c. LICENSE NUI	WBER 39	29d.	BIS S	O (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITER	1 27) (Type	Print)	0 B	O Ta	ill	00 /	1:1

32. REGISTRAR'S SIGNATURE



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certificate has been	I the State Dept. of H	f, or item 23 shown
this certificate has been	with the State Dept. of H	rked, or item 23 shows
After this certificate has been	death with the State Dept. of H	s marked, or item 23 shows
OR: After this certificate has been	fer death with the State Dept. of H	8 is marked, or item 23 shows
ECTOR: After this certificate has been	s after death with the State Dept. of H	n 28 is marked, or item 23 shows
DIRECTOR: After this certificate has been	hours after death with the State Dept. of H	item 28 is marked, or item 23 shows
UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl	72 hours after death with the State Dept. of H	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not

	REGISTRAR		CENTR	ICATE O	F DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lust)					2. DATE OF DEATH		YEAR 3. TI	ME OF DEATN
· · · · · · · · · · · · · · · · · · ·	JANE	YVONNE		BUTLER					M
ļ			(In yrs. last birthday)	IF UNDER I YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH			E (State or Foreign
			8 yrs.	MONTHS DAY		Dec 30, Year)	1/1/1	Country)	
			· · · · · · · · · · · · · · · · · · ·					laryla	nd
	9a. FACILITY NAME (If not institution, give atreet	t and number)		9b. CITY, TOW	N OR LOCATION OF OR	ATH	9c. COUNT	Y OF DEATH	
8	PHYSICIANS MEMORI	IAL HOSPITA	L	LA PI	ATA		CHAR	LES	
5	RESIDENCE OF DECEDENT								
2	10e. STATE 10b. COUNTY			Y, TOWN OR LO	CATION				INSIDE CITY LIMITS?
DIRECTOR	Maryland Charl	es	La.	Plata				1.0	YES 2 NO
7	10e. STREET AND NUMBER		-		101. ZIP CODE		10g. CITIZE	EN OF WHAT	COUNTRY?
5	813 Cedar Court				20646		USA		1
FUNERAL		2. WAS DECEDENT EVER	NIIS ADMED	12 WAS	ECENDENT OF NISDA	HC ORIGIN? (Specify Yes	or No. 1	A BACE - A	merican Indian,
교	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes	specify Cuban, Mexica	n, Puerto Rican, etc.)		Black, Whi	ta, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 🗆 '	ES 2 NO Specifi	y:		Specify: B	lack
	15. DECEDENT'S EDUCAT	2001	Las DECEMENTIO	HOULE COOKE	7704	16b. KIND OF BUS	1	OTEN	
21	(Specify only highest grade cor	mpleted)	18e. DECEDENT'S (Give kind of	work done during se retired.)	most of working	100. KIND OF BUS	SINESS/INOU	31111	
ا ۳	, , ,	College (1-4 or 5+)				Hospi	ta1		
₽ I	12		File File	Clerk					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)		
BE (Horace Wallace				Marga	ret Johns	on		
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	n, State, Zip C	Code)	
2	Clarence Butler	Ir	813 (ledar	Court, L	aPlata,	MD 20	0646	
	20a, METNOD OF DISPOSITION	20			cemetary, crematory or			ity or Town, S	teta
	1 Duriel 2 ☐ Cremetion 3 ☐ Remove	I from Ctate	other place)			metery C		,	
- 1	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		laryranc		ANO ADDRESS OF FA		петс	emmaiii	, 110
	21. SIGNATURE OF PUNERAL SOLVINGE LICEN	1 1		Ada	ms Fune:	ral Home			
ì	- Klask W	1.) 0066				co Rd, Ac	masc	o. MI	20608
	23. PART i. Enter the diseases, or con	nolications that carry	d the death Do						Approximate
	shock, or heert fellure. Lie								interval Between
ł	iMMEDIATE CAUSE (Final disease or condition	511	1 00	\wedge					Onset and Deeth
	reaulting in death)	Sule	a lill	Lyses	ul				
İ		DUE TO (OR AS	A CONSEQUENCE O	F):				-	
Z	Sequentially list conditions, b.								
CERTIFICATION	if eny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					- 1
5	CAUSE (Disease or injury								
E	thet initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				- 1	
E	resulting in deeth) LAST								
	DART II ON THE INTERNATIONAL TO THE INTERNATIONAL T								
AL	PART Ji. Other aignificent conditions						40 - 44 - 40		
	1/ F-FI	contributing to deeth	but not reaulting			Part I. 24a. WAS AN PERFOR		AVAI	E AUTOPSY FINOINGS LABLE PRIOR TO
×	Interstitud hun	contributing to deeth	but not reauiting		ying cause given in	Part i. 24a. WAS AN PERFOR	IMEO?	AVAII	
MEDICAL	Pulyan Hars	1 Disease	but not reaulting			PERFOR	IMEO?	AVAII COM OF E	LABLE PRIOR TO PLETION DF CAUSE DEATH?
Σ	Interstation hum	1	but not reaulting			PERFOR	IMEO?	AVAII COM OF E	LABLE PRIOR TO PLETION DF CAUSE
Σ	Ca Pulmate	1 Disease	but not reaulting	0	nemia	PERFOR	IMEO?	AVAII COM OF E	LABLE PRIOR TO PLETION DF CAUSE DEATH?
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	J Process		OTHER:	PLACE OF DEATN (C/	PERFOR	IMEO?	AVAII COM OF E	LABLE PRIOR TO PLETION DF CAUSE DEATH?
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	Ospital:	tpatient 3 DOA	OTHER:	PLACE OF DEATN (C/Nome 5 G Rasidence	PERFORM 1 VES 2 Deck only one) a Other (Specify)	MEO?	AVAII COM OF E	LABLE PRIOR TO PLETION DF CAUSE DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH	J Process	tpatient 3 DOA	OTHER: 4 Nursing	PLACE OF DEATN (C/	PERFOR	MEO?	AVAII COM OF E	LABLE PRIOR TO PLETION DF CAUSE DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	HOSPITAL: Unpetient 2 ER/Ou 28. DATE OF INJURY (Morith, Day, Year)	tpatient 3 DOA	OTHER: 4 Nursing ME OF 28c. JURY 1	PLACE OF DEATN (C/Nome 5 Residence Injury AT WORK?	PERFORM 1 VES 2 Deck only one) a Other (Specify)	MEO?	AVAII COM OF E	LABLE PRIOR TO PLETION DF CAUSE DEATH?
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	HOSPITAL: (Dripetient 2 - ER/Ou 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY	tpatient 3 DOA 29b. Til	OTHER: 4 Nursing ME OF 28c. JURY 1	PLACE OF DEATN (C/Nome 5 Residence Injury AT WORK?	PERFOR 1 YES 2 Deck only one) a Other (Specify) 28d. DESCRIBE NOW if	NJURY OCCI	AWAII COM OF E	ABLE PRIOR TO PLETION DE CAUSE EATH? YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: Unpetient 2 ER/Ou 28. DATE OF INJURY (Morith, Day, Year)	tpatient 3 DOA 29b. Til	OTHER: 4 Nursing ME OF 28c. JURY 1	PLACE OF DEATN (C/Nome 5 Residence Injury AT WORK?	PERFOR 1 YES 2 Peck only one) a Other (Specify) 28d. DESCRIBE NOW I	NJURY OCCI	AWAII COM OF E	ABLE PRIOR TO PLETION DE CAUSE EATH? YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER 1 PERTIFINAL PRESIDENT	HOSPITAL: Unpertent 2 = ER/Ou 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Sp	tpetient 3 DOA 28b. Till IN IY — At home, ferm,	OTHER: 4 Nursing RE OF JURY M 1 street, factory, 4	PLACE OF DEATN (C/ Nome 5 Rasidence INJURY AT WORK? YES 2 NO	PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE NOW (Street City or Town, State)	NJURY OCCU	AWAII COM OF to 1 □	ABLE PRIOR TO PLETION DE CAUSE EATH? YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suickide a Could not be dearmined 29a. CERTIFIER (Check only	HOSPITAL: [Unpetient 2 ER/Ou 280. DATE OF INJURY (Month, Dey, Year) 280. PLACE OF INJURY building, etc. (Sp	tpatient 3 DOA 28b. Till IN Y — At home, ferm, ecify) wiedge, death occur	OTHER: 4 Nursing: AE OF 28c. JURY M 1 street, factory, contend at the time,	PLACE OF DEATN (C/ Nome 5 Residence INJURY AT WORK? YES 2 NO office	PERFOR 1 VES 2 Deck only one) a Other (Specify) 28d. DESCRIBE NOW (Street City or Town, State) a to the cause(e) end main	NJURY OCCI	AWAII COM OF E 1 URED V Rural Route	LABLE PRIOR TO PLETION OF CAUSE MATH? YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: [Unpetient 2 ER/Ou 280. DATE OF INJURY (Month, Dey, Year) 280. PLACE OF INJURY building, etc. (Sp	tpatient 3 DOA 28b. Till IN Y — At home, ferm, ecify) wiedge, death occur	OTHER: 4 Nursing: AE OF 28c. JURY M 1 street, factory, contend at the time,	PLACE OF DEATN (Cr. Nome 5 Rasidence INJURY AT WORK? YES 2 NO office dete and place, and due n, death occured at the	PERFOR 1 YES 2 Deck only one) a Other (Specify) 28d. DESCRIBE NOW (Street City or Town, Stete) b to the cause(e) end main time, date and place, and	NJURY OCCI	AWAII COM OF E 1 URED V Rural Route	LABLE PRIOR TO PLETION OF CAUSE MATH? YES 2 NO
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suickide a Could not be dearmined 29a. CERTIFIER (Check only	HOSPITAL: [Unpetient 2 ER/Ou 280. DATE OF INJURY (Month, Dey, Year) 280. PLACE OF INJURY building, etc. (Sp	tpatient 3 DOA 28b. Till IN Y — At home, ferm, ecify) wiedge, death occur	OTHER: 4 Nursing: AE OF 28c. JURY M 1 street, factory, contend at the time,	PLACE OF DEATN (Cr. Nome 5 Rasidence INJURY AT WORK? YES 2 NO office dete and place, and due n, death occured at the	PERFOR 1 VES 2 Deck only one) a Other (Specify) 28d. DESCRIBE NOW I City or Town, Stete) 5 to the cause(e) end main ime, date and place, and	NJURY OCCI	AWAII COM OF E 1 URED V Rural Route	ABLE PRIOR TO PLETION DF CAUSE WEATH? YES 2 NO Number, manner as stated.
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: (D/npetlent 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp AN: To lihe best of my kno On the basia of axeminett	tpatient 3 DOA 29b. Till IY — At home, ferm, ecify) wiedge, death occur on and/or investigati	OTHER: 4 Nursing AE OF 28c. JURY M 1 street, factory, on, in my opinion	PLACE OF DEATN (Cr. Nome 5 Rasidence INJURY AT WORK? YES 2 NO office dete and place, and due n, death occured at the	PERFOR 1 VES 2 Deck only one) a Other (Specify) 28d. DESCRIBE NOW I City or Town, Stete) 5 to the cause(e) end main ime, date and place, and	NJURY OCCI	AWAII COM OF C 1 URED URED d.	ABLE PRIOR TO PLETION DF CAUSE WEATH? YES 2 NO Number, manner as stated.
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	HOSPITAL: (D/npetlent 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp AN: To lihe best of my kno On the basia of axeminett	tpatient 3 DOA 29b. Till IY — At home, ferm, ecify) wiedge, death occur on and/or investigati	OTHER: 4 Nursing AE OF 28c. JURY M 1 street, factory, on, in my opinion	PLACE OF DEATN (Cr. Nome 5 Rasidence INJURY AT WORK? YES 2 NO office dete and place, and due n, death occured at the	PERFOR 1 VES 2 Deck only one) a Other (Specify) 28d. DESCRIBE NOW I City or Town, Stete) 5 to the cause(e) end main ime, date and place, and	NJURY OCCI	AWAII COM OF C 1 URED URED d.	ABLE PRIOR TO PLETION DF CAUSE WEATH? YES 2 NO Number, manner as stated.
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CHENRY L. BURKE	10SPITAL: [Unpertent 2 ER/Ou 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Sp AN: To line best of my kno On the basia of axamineti	tpetient 3 DOA 28b. Till IN IY — At home, ferm, ecify) wiedge, death occur on and/or investigati	OTHER: 4 Nursing 4 Nursing AE OF JURY M 1 street, factory, 4 red at the time, on, in my opinio	PLACE OF DEATN (C/) Nome 5 Residence INJURY AT WORK? YES 2 NO office dete and place, and due n, death occured at the 29c. LICENSE NU D — 0 1 0 0	PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE NOW (Street City or Town, State) 10 The cause(e) end mail of the cause(e)	NJURY OCCI	URED URED OF Rural Route d. cause(a) and	Number, manner as stated. th, Day, Year)
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CHENRY L. BURKE	AN: To the best of my kno On the basis of axaminati M. D. 115 22. REGISTRAP'S SIG	tpetient 3 DOA 28b. TIP IN TY — At home, ferm, ecity) wiedge, death occur on and/or investigati EATH (ITEM 27) (Typ) 5 — A L A (NATURE	OTHER: 4 Nursing ME OF 28c. JURY M 1 street, factory, or, on, in my opinic B, Print) GRANGE	PLACE OF DEATN (C/) Nome 5 Residence INJURY AT WORK? YES 2 NO office dete and place, and due n, death occured at the 29c. LICENSE NU D — 0 1 0 0	PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE NOW (Street City or Town, State) 10 The cause(e) end mail of the cause(e)	NJURY OCCI	URED URED OF Rural Route d. cause(a) and SIGNEO (Mon	Number, manner as stated. th, Day, Year) — 9 3
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	AN: To the best of my kno On the basis of axaminati M. D. 115 22. REGISTRAP'S SIG	tpatient 3 DOA 28b. Till IN Y — At home, ferm, ecity) wiedge, death occur on and/or investigati EATH (ITEM 27) (Typ) 5 — A LA (OTHER: 4 Nursing ME OF 28c. JURY M 1 street, factory, or, on, in my opinic B, Print) GRANGE	PLACE OF DEATN (C/) Nome 5 Residence INJURY AT WORK? YES 2 NO office dete and place, and due n, death occured at the 29c. LICENSE NU D — 0 1 0 0	PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE NOW (Street City or Town, State) 10 The cause(e) end mail of the cause(e)	NJURY OCCI	URED URED OF Rural Route d. cause(a) and SIGNEO (Mon	Number, manner as stated. th, Day, Year)

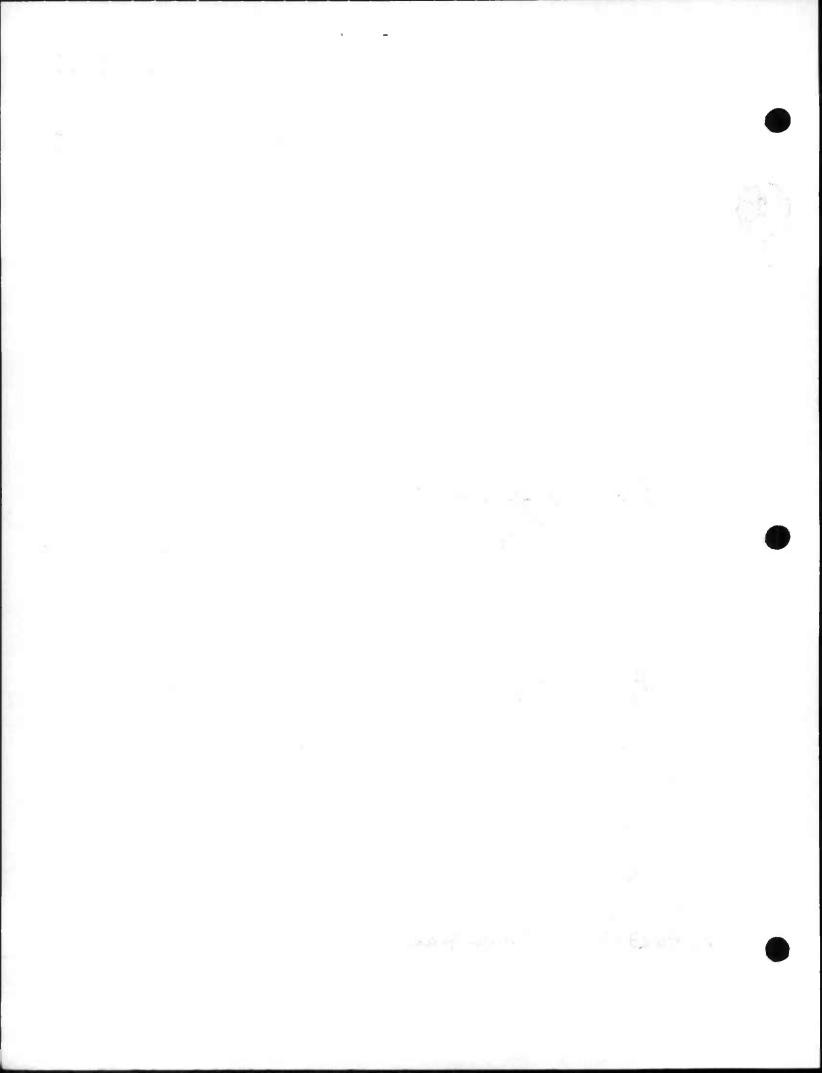


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Rosie Madeline	Watson Bo	ulter			2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH 3 3:15 pam M
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 a Bi	IRTHPLACE (State or Foreign
	219-07-6791	1 □ M 2 💢 F 8 7	YRS.	MONTHS DAYS		0 Month 0 8 40 5	Ma	aryland
Œ	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DEA	ATH	9c. COUNTY O	
5	Route 5 Box 384	±		Cheste	ertown		Ken	C
DIRECTOR	Maryland Kent	Y		sterto				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Route 5 Box 38	4		10	7. ZIP CODE 2 1 6 2 0		10g. CITIZEN (OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	CENDENT OF HISPANI ecity Cuban, Mexican 2 NO Specity:			RACE — American Indien, Black, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT use	ork done during mo retired.)	st of working		ert an	d William
M	17. FATHER'S NAME (First, Middle, Lest)		Factory	/ Worke				Industry
Ö	Joseph Edward	Watson				ME (First, Middle, Maiden ara Kend		
TO BE	190. INFORMANT'S NAME (Type/Print)	Watson	19b. MAILING	ADDRESS (Street		oute Number, City or Town)
F	Catherine R. C	oleman	Rout	e 5 Bo	ox 384 C	Chesterto	own, M	d 21620
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State cem	PLACE AND DATE O	er placel		DATE 20c. LO	ROCK	r Town, State Hall, MD
Q 73	21. SIGNATURE OF FUNERAL SERVICE LIC		TODICY (22. NAME A	ND ADDRESS OF FAC	ILITY		
	Kick X. 9	Vellente	in	Rt. 20) Rock F	ein Funer Hall, Md	21661	me Pa
	23. PARTIL Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	complications that caused Life only one cause on a	tha death. Do no	ot enter the mo	de of dying, auch	as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	DUE TO LOR AS A	CONSEQUENCE OF	pr	obably	Ovovier	J	6 weeks
NO	Sequentially list conditions,	b						
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	C	CONSEQUENCE OF					
RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	:				
	DATE II Other standings and an electric	d						
ICAL	PART II. Other significant condition A PACY 1'6 5 C	lerone Corc	ut not reaulting in	the underlyin	g cause given in F 5 CaS C	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	Disters	nelle tos				1 YES 2	A-NO	DF DEATH? 1 YES 2 NO
ä								
SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Chec			
HYS	1 VES 2 AND 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atlent 3 DOA 28b. TIME		URY AT	Other (Specify) 28d. DESCRIBE HOW II	LIURY OCCURE	
ВУ Р	1 Natural 5 Pending Investigation	(Morith, Day, Year)	INJU	M 1 .	RK?		TO THE STATE OF TH	,
	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, ferm, st	reet, tectory, offic	•	28t. LOCATION (Street & City or Town, State)	nd Number or Ru	rel Route Number,
Ä	290. CERTIFIER CERTIFYING PHYSI	ICIAN: To the best of my knowl	edge death occurred	of the time date	and place, and due t	a the assess(a) and more		
COMPLETED		ER: On the beele of examination						se(e) end manner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	1/)		29 LICENSE NUME	BER CO.	29d. CATE SIGI	NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	•	Period)	217	034	D 21	20-175
,	SUSDIN PASS	/	Washin	/	Freme	Chest	n form.	Md 2/620
0	31. DATE FILED (Month, Day, Year)	Julia Davidson-D	andell.					

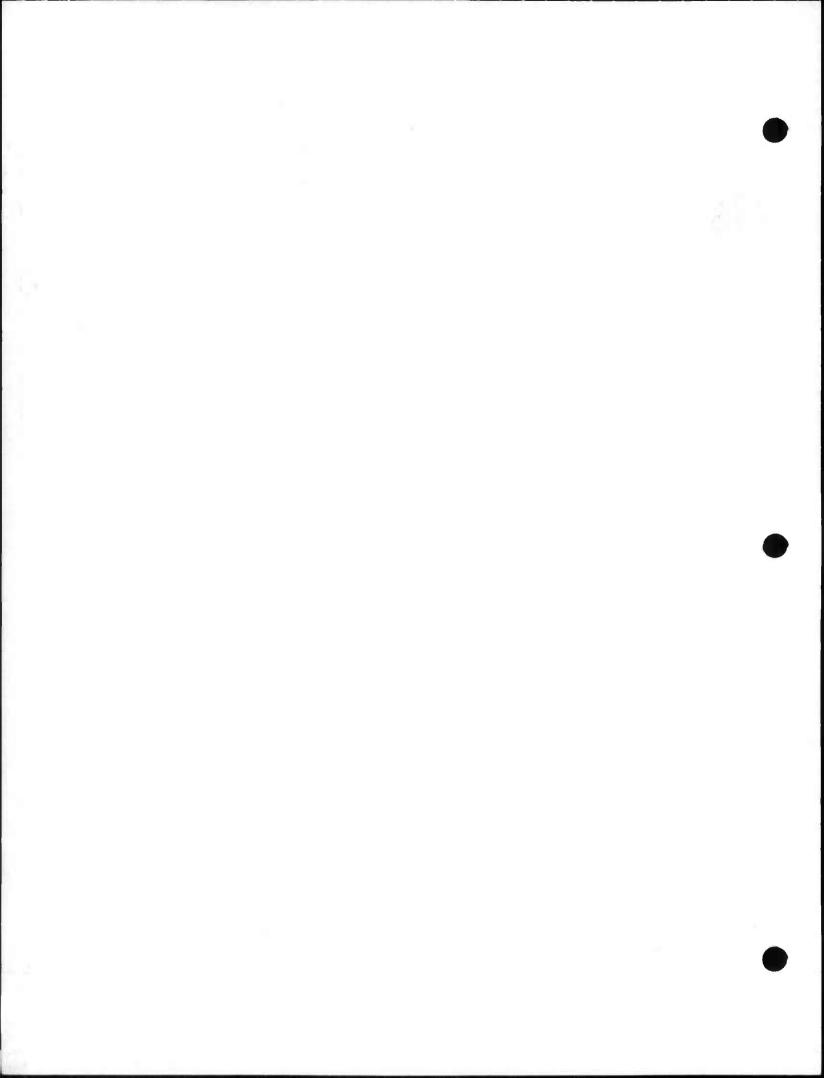


DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-transit removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICAT	T OF HEALTH AND MENT E OF DEATH	AL HYGIENE REG. NO.	
			TE OF DEATH	3. TIME OF DEATH
MILDRED S.	CISSEL		RCH 2, 1993	
4. SOCIAL SECURITY NUMBER 5. SEX		R 1 YEAR F UNDER 24 HRS. 7. DAT	TE OF BIRTH with, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
220-40-4723 1 D M 2 X	F 81 YRS.	MA MA		SOUTH CAROLINA
9a. FACILITY NAME (if not institution, give street and number HOLY CROSS HOSPITAI RESIDENCE OF DECEDENT	100	Y, TOWN OR LOCATION OF DEATH ILVER SPRING		TY OF DEATH ITGOMERY
10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d, INSIDE CITY
MARYLAND MONTGOMER	RY WHEAT	ON		LIMITS?
10e. STREET AND NUMBER	CI MILITI	101. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?
3603 MAY STREET		20906	USA	
1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARMED 1 YES 2 NO VE WAR OR DATES 13.	WAS DECENDENT OF HISPANIC ORIGIN 1 THE STATE OF THE STATE	GIN7 (Specify Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: WHTTE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL C	CCUPATION	6b. KIND OF BUSINESS/INDU	
Elementary/Secondary (0-12) Cotlege (1-4 c	· ·		T TIME OF LOS	
8	BLUE PRINT	OPERATOR	LITHOGRAPH	
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (Firs	t, Middle, Maiden Surname)	
JOHN BECKHAN	•	HATTY	BARTO	
19s. INFORMANT'S NAME (Type/Print)		\$ (Street end Number or Rural Route No		Code)
BEVERLY MCKEE 20a. METHOD OF DISPOSITION		STREET. WHEATON		
1 🂢 Burlei 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donation 5 🗀 Other (Specify)	20b. PLACE AND DATE OF DISPO- cemetery, cremetory or other place GATE OF HEAV		TE 20c. LOCATION C	CO. C. C. C. C. C. C. C. C. C. C. C. C. C.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		EN CEMETERY 8/	5 I SILVER S	PRING, MD
Stan A.Ct.		RANCIS J. COLLI	NS FUNERAL H	OME, INC.
23. PART I. Enter the diseeses, or complications	50	O UNIVERSITY BL	VD., W., STI	.SP., MD 20901
shock, or heart fellure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Carobro			Interval Between
Sequentially list conditions (b.				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.	TO (DR AS A CONSEQUENCE OF):			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing	TO (OR AS A CONSEQUENCE OF):	nderlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing	TO (OR AS A CONSEQUENCE OF): TO (DR AS A CONSEQUENCE OF):	nderlying cause given in Part I.	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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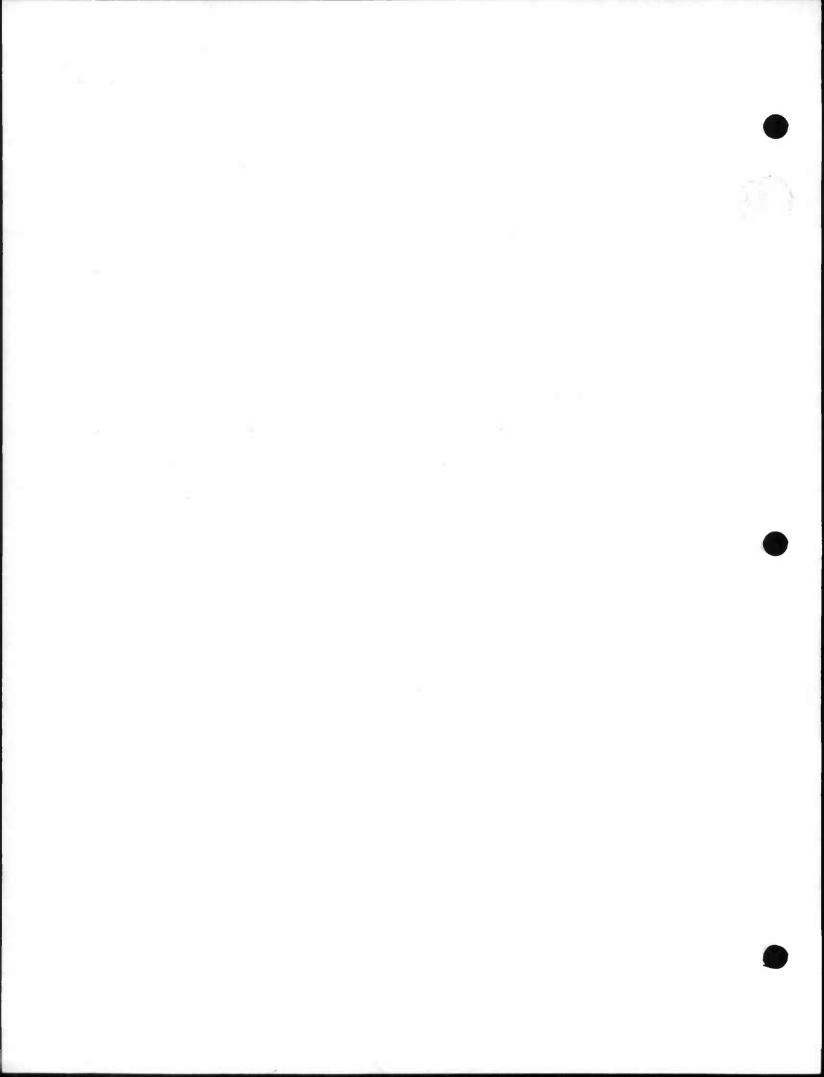
marked,

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perm director, page 5 should be detached for use as the burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. the funeral filled in by t and completely filled to burial, cremation, o HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the attending physician ar Mental Hygiene prior to I been signed by the attentor. of Health and Mental F. 3 shows any Injury, or has be Dept. Item certificate h this c After the DIRECTOR: A hours after de liem 28 is TO THE HOSPITAL IN THE FUNERAL D DE filed within 72 ho

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 02/27/93 MELDRED CONRAD :30A 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 220-48-7003 1 M 2 XF YRS. 88 08/16/04 Indiana 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Randolph Hills Nursing Home FUNERAL DIRECTOR Wheaton Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Od, INSIDE CITY Maryland Montgomery Silver Spring YES 2 NO 10e. STREET AND NUMBER IN ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3701 International Drive 20906 U.S.A. 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) E. A. Morris Mamie Wall BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) ဂ William E. Conrad, Sr. 3701 International Dr., Silver Spring, Md. 20906 20s. METHOD OF DISPOSITION
1 Burial 20 Committee 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Lincoln Crematory 2/28/93 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home, 11800 New Hamp shire Ave., Silver Spring, Maryland 20904 23. PART I. Epiterne diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate nock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death alequelumany frest disease or condition Maufe resulting in death) OUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | 100 1 TYES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER! 1 _ YES 2 _ 610 me 5 🗆 Residence 6 🗆 Other (Specify) 4 11 27. MANNER OF CEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2
MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D31918 2-2793 2 30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NARREN O FERRIS 3305 N Leesure aund Slea S. (ce Spring 21 PEGISTIAR'S SIGNATURE AND AND



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IU THE HUSPITAL OK ALLENDING PRINCIPLANT. THE TAW FORTHER THE DESTRICTED BE DESTRICTED BY THE OBJUT THE BOOK THE PROPERTY OF THE HUSPITAL OK ALLENDING PROPERTY.	ALESSA.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1.	ACCOUNTS OF
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Separate Sep

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

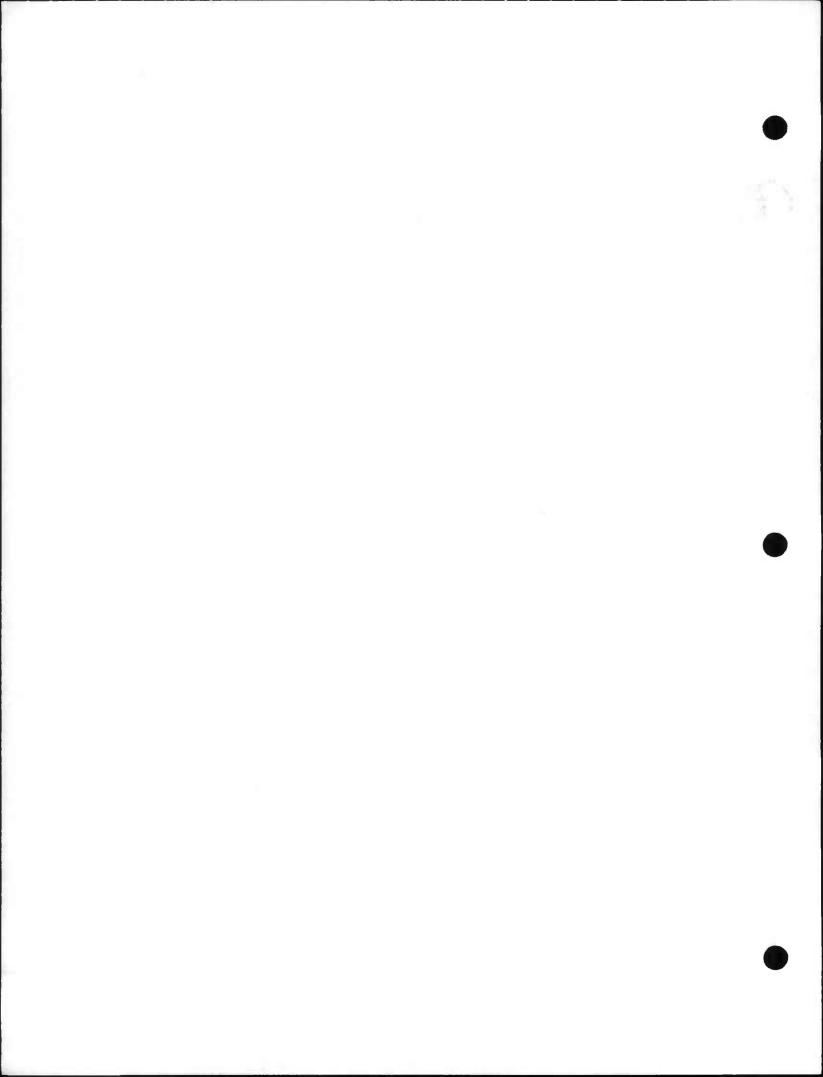
-	_	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).					
		1. DECEDENT'S NAME (First, Middle, Last)	RJ	OHN WILL	AM CAMI	ERON		MY YEA	3. TIME OF DEATH				
	- 1	Camero	77 100	T Par	209		3-10	1-93	1130PM				
			1 M 2 🗆 F	(In yrs. lest birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)				
	_	9a. FACILITY NAME (If not institution, give atree	et and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH				
	CTOR	RESIDENCE OF DECEDENT	ss Hosp	pital	Silv	orSpr	ing	mon-	tgomany				
	DIRE	MADXI AND	OMMOONEDAY		TOWN OR LOCA				10d. INSIDE CITY LIMITS?				
- 1	- 1		ONTGOMERY	KEN	SINGTON				1 YES 2 NO				
	ERAL	100. STREET AND NUMBER 10315 DETRICK	AVENUE		10	or, zip code 2089)5	10g. CITIZEN C	USA				
1	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:		ACE — American Indian, lack, Whita, etc. pecify: WHITE				
	ETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	18a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during m	ION ost of working	16b. KIND OF BU	ISINESS/INDUSTR					
	٦ ا	Elementary/Secondary (0-12) N/A	College (1-4 or 5 +)	N/A	генгеа.)								
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		11/11		18. MOTHER'S NA	AME (First, Middle, Malder	Sumame)					
10	ŭ I	WILLIAM L.	CAMERON			JULIE	ANNE V	JARNER					
-	9	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tox						
	F	WILLIAM L. CAMERO	ON	10315	DETRICK	AVENUE,	KENSINGTO	ON, MD 2	0895				
must b		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	al from State Con	PLACE AND DATE OF	F DISPOSITION (N	leme of	DATE 20c. LO	OCATION - City o	r Town, State				
examiner must be		PL BIGHATURE OF FUNERAL SERVICE LICENSÉE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME. INC.											
		500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory errest. Approximate											
medical		ahock, or heart failure. Lie	et only one ceuse on e	ach lina.	or anital the me	ode of dying, auc	on all cerdiec or real	erratory errest,	intarvai Between				
흪		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. \(\text{VO} \) \(\text{VS} \) \(\text{VS} \)											
event,													
	z	Sequentially list conditions, 6.	thanate	phone	dys	splania	congen	ital					
traumatic	CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	(CONSEQUENCE OF)	: ()	•	1						
6		CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:								
be I	E	reaulting in death) LAST											
ž	S	PART II Other significant conditions											
ly in	EDICAL	PART II. Other algnificant conditions	contributing to death b	out not resulting in	tha underlyin	ng ceusa given in	Part i. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
rs any							1 TYES	2 NO	COMPLETION OF CAUSE DF DEATH?				
	Σ						_		1 YES 2 NO				
23	A N	25. WAS CASE REFERRED TO MEDICAL			26.6	LACE OF DEATH (C)							
Ten G	SICIAN:	EXAMINER?	HOSPITAL:		OTHER:								
0 3	PHX:	27. MANNER OF DEATH	28a. OATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURED	,				
arke	84 B	1 Natural 5 Pending	(Month, Day, Year)	INJU		ORK? YES 2 NO	E DAMENTE ACT						
90 6	ETED B	2 Accident Investigation 3 Suicide 8 Could not be determined	28e, PLACE OF INJURY building, atc. (Spec	— At home, farm, st	reet, factory, offic	ce	281. LOCATION (Street City or Town, State	and Number or Rui	ral Route Number,				
E		29a. CERTIFIER											
IMPORTANT: If item	COMPL	(Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of examination						te(a) and manner as stated.				
MAIL S	- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	-			29c, LICENSE NU			IED (Month, Day, Year)				
2	BE	cynthia 1.	tipp MD			D334		≥ 2-/2					
= 8	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)	- 55-41			17-2				
	- 17												
		Cynthia J. TIFFT, 31. OATE FILED (MONTH, Day, Year) MAR 03 03	MO Dept.	Geneties No		Media	8. 60.100						

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

	1 - STATE REGISTRAR		CE		ICATE OF				EG. NO.	_		
	1. DECEDENT'S NAME (First, Middle,	, Last)						2. DATE OF D	FATH			3. TIME OF DEATH
	THOMAS FRANCIS	CARROLL						FEBRUA	ARY Z	28, 3	1993	4:20 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF B	IRTH		8. BIRTH	IPLACE (State or Foreign
	578-10-2957	1 🛣 M 2 🗌 F	86	YRS.	MONTHS DAYS	HOURS	MIN.	JUNE 9), 19	906	WASE	IINGTON, DC
	Se. FACILITY NAME (If not institution,	, give street end number)			9b. CITY, TOWN	OR LOCATI	ON OF DE			_	JNTY OF D	
DIRECTOR	4512 WINDSOR L				BETHESD	A				MON'	TGOME	ERY
EG		COUNTY		10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY
8	MARYLAND MO	NTGOMERY			HESDA							LIMITS?
	10e. STREET AND NUMBER	THE COLLEGE		222		I. ZIP COD	E			10g. CIT	IZEN OF W	WHAT COUNTRY?
FUNERAL	4512 WINDSOR L	ANE			2	0814				UNI	TED S	STATES
5	11. MARITAL STATUS		T EVER IN U.S. ARM		13. WAS DE	CENDENT C	F HISPAN	IC ORIGIN? (Sp n, Puerto Rican	ecify Yes	or No-	14. RACE	— American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced		MAR DR DATES		1 🗆 YE	2XX.NO	Specify		, etc.)		Speci	
	15. DECEDENT	S EDUCATION	16a, DF0	EDENT'S	USUAL OCCUPAT	DN		165 KIM	OF BUS	SINESS/IN	DUSTRY	WHITE
	(Specify only highes Elementary/Secondary (0-12)	College 1-4 or 5	(GN	e kind of	work done during m se retired.)	ost of working	ng	TOD. KIN	or Bus	HINE 33/IN	DUSINI	
COMPLETED	10	Conego (1-4 or 5		CTR	CIAN			CON	ISTRI	UCTI	ON	
Š	17. FATHER'S NAME (First, Middle, La	est)				18. MOTI	HER'S NAI	ME (First, Middle	, Maiden	Sumame)		
BE	FRANCIS B. CAR	ROLL				EV	JH A	JDLOW				
2	19a. INFORMANT'S NAME (Type/Print				ADDRESS (Street							
	ALICE J. CARRO	LL			VINDSOR							20814
	1 Buriel 2 X Cremation 3 = 4 Donation 5 Other (Specify		20b. PLACE A	ND DATE	OF DISPOSITION (A liter place) RY CREMA	ame of ろ/ TORTI	′4/93 тм т				City or To	wn, State ARYLAND
	21. SIGNATURE OF EUNERAL SERV		1101110									REY FUNERAL
	DA (18	= 1)	MOO	803	HOME/	BETHE	ESDA-	-CHEVY	CHAS	SE, :	INC.	7557
	23. PART I. Enter the disease:	or complications to	•									LAND 20814
	shock, or heert fa	llure. List only one can	use on each line.	itri. Do i	ot enter the m	ode or dy	ing, sucr	1 as cardiac	or respi	ratory ar	rest,	Approximate Interval Between
1	IMMEDIATE CAUSE (Final disease or condition	. DEHYDR	A TIT ON									Onset end Death
	resulting in death)	e	OR AS A CONSEQ	QUENCE OF):								
z		COLONI	C OBSTRU	CTIC	N							ļ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):							
2	CAUSE (Disease or Injury	c COLON	CANCER	IENCE O	D.		_					
Ē	that initiated events resulting in death) LAST	502 10	(DIT AS A CONSECU	JENCE O	rj:							
		d										
DICAL	PART II. Other significant con							Part I, 24a.	WAS AN	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
5	HYPERTENSION	, DEPRESSIO	N, MULTI	PLE	CEREBRO	/ASCU	LAR	10	YES Z	(X)NO		COMPLETION OF CAUSE OF DEATH?
ME	ACCIDENTS							_				1 TES 2 NO
A.	AT 1100 040F SPEEDS TO 4400	T										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 ☐ YES 2XXNO	HOSPITAL:	e diamento e		OTHER:			ick only one)				
448	27. MANNER OF DEATH	1 Inpetient 2	ER/Outpatient 3	28b. TIM	4 Nursing Ho	NO 5437Re	eldence	8 Other (Spe 28d, DESCRIB		I II IIIV OC	- VIIDED	
	1XXNatural 5 Pending	(Month, E		IN	IURY W	YES 2	NO	200. DESCRIB	E HOW II	AJUNT OC	CURED	
ВУ	2 Accident Investig 3 Suicide 8 Could n	28e. PLACE C	OF INJURY — At hom	ne, farm,				28f. LOCATION	V (Street e	nd Numbe	r or Rural R	loute Number,
COMPLETED	4 Homicide datermin		, atc. (Specify)					City or Tow	vn, State)			
1 1	29a. CERTIFIER 1XXCERTIFYING	PHYSICIAN: To the best of	l my knowledge, dea	th occum	ed at the time, dat	end place	and due	to the cause(e)	end man	ner as sta	rted.	
ĕ		AMINER: On the basis of s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CEI	RTIEIER	7			29c. LICE	ENSE NUM	BER		29d. DAT	TE SIGNED	(Month, Day, Year)
TO B	Jusan	Samuel	- In	()		D3	9563			► M	ARCH	1, 1993
-	30. NAME AND ADDRESS OF PERSO											
	SUSAN G. BARUC	H, M.D. 47	43 BRADI			D, CH	HEVY	CHASE,	MAI	RYLA	ND 2	20815
	31. DATE FILED (Month, Day Year) MAR 04 9	3 Julia	Davidson A	andel	2							

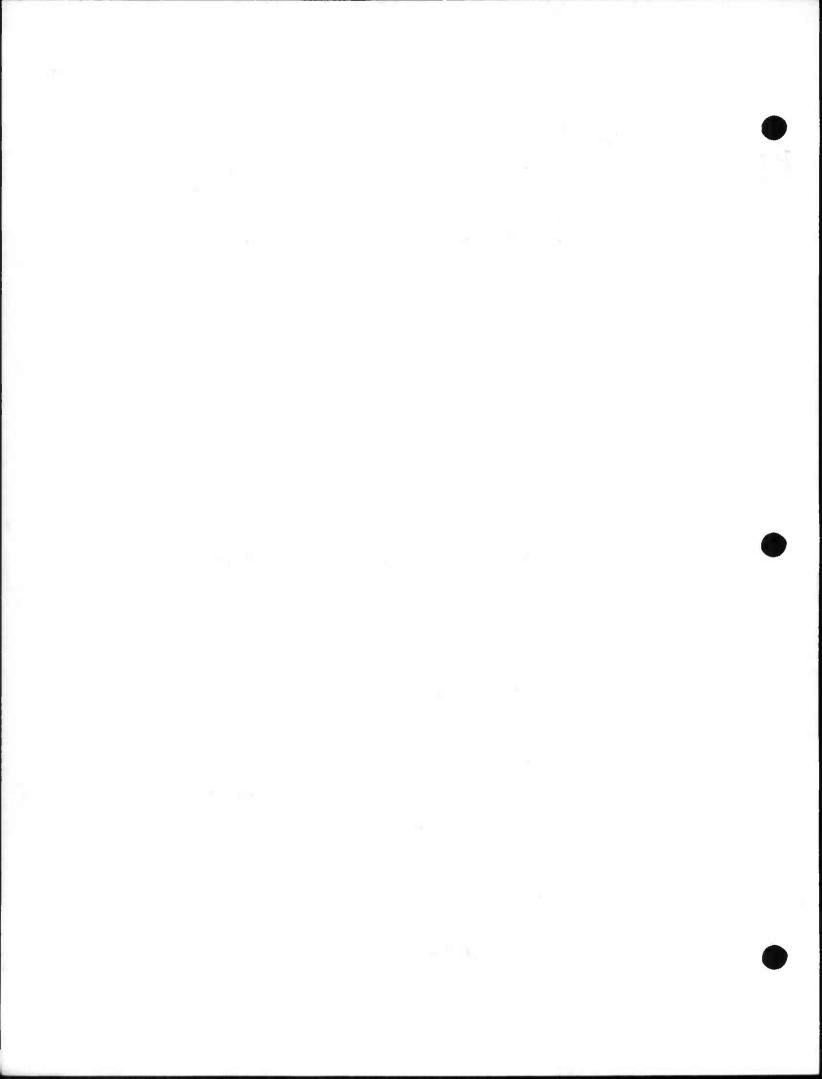
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.	
		1. DECEDENT'S NAME (First, Middle, Last)	0 11	· 1/-	_		2. DATE OF DEATH		3. TIME OF DEATH
		FELIX	CHA	YES			D MONTH	J 93	M 0020 M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.8	HRTHPLACE (State or Foreign
Coming		117-12-0147	1₽M2□F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		EW YORK
		9a_EACILITY NAME (If not institution, give s	/feet end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
1	DIRECTOR	DUBURBAN HO	SPITAL		BEI	YESDA		MONT	FOUNERC
		RESIDENCE OF DECEDENT 10a. STATE \ 10b. COUNTY	Υ	10c, CIT	Y, TOWN OR LOCA	TION	7		10d. INSIDE CITY
2	뜸	MD MOR	VE SWER	0 . 1	ENSIN	C DARI			LIMITS?
permit		10e. STREET AND NUMBER	. 0 - 117 01	/ 1/		1. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?
t) Si	FUNERAL	9700 E BEX	(HILL)			208	45		ED STATES
_AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit	5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	N U.S. ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No- 14, I	RACE — American Indian,
5-0020 nding physic is the burial	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ATES		ecity Cuben, Mexica 2 XNO Specific	in, Puerto Rican, etc.)		Black, White, etc. Specify:
5-0 ending as the	_		WORLD WAR						WHITE
2121 Il or atte for use a	ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION WORK done during me	ON ost of working		BUSINESS/INDUSTI	
D 2 pital o	1 2	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		CH SCIEN	т сп	1		CITUTION OF
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)	3.	NESEARC	II SCIEN	7	ME (First, Middle, Meid	NGTON	
2 8 8	ē	NATHAN CHAYES				1	G. HOFFMA		
MARYI retained by 5 should be	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street	_	Route Number, City or 1		9) 20895
		IRENE H. CHAYES					IVE, KENS		20000
- 10 L	20 15	20e. METHOD OF DISPOSITION 1 Burlel 2 A Cremation 3 Remo	20b	PLACE AND DATE	OF DISPOSITION (N	ame of 3 /1 /Q	Q OATE 20c.	LOCATION - City	
BALTIMOR after death. Page 6 ma by the funeral director, promoval.	must	4 Donation 5 Other (Specify)	MC	NTGOMERY	CREMAT	ORIUM, I	NC. BE	THESDA,	MARYLAND
TIN Page	examiner	21. SIGNATURE OF FUNERAL SERVICE LIC	ENEEE		22. NAME A	ND ADDRESS OF FA	CILTYROBERT	A PIIMP	HREV FINEDAT
< 8 €	Cran	1 Naviel 8	DM.	M00803	HOME/	BETHESDA	-CHEVY CH	ASE, INC	. 7557 RYLAND 20814
Es after by the removal		23. PART i. Entar tha diseases, or o	complications that caused	d the death. Do n	not antar tha mo	da of dying, suc	h as cardiac or rea	apiretory arrest,	Approximate
0 P 70		shock, or haart failure.	List only one cause on e	ach lina.					interval Between Onset and Death
	e ille	disease or condition resulting in death)	ASPIRA:	TION	PNET	imoni.	A		5 DAUS
3760, rted within completely ial, cremati	event,	Tooling III down,	DUE TO (OR AS A	CONSEQUENCE OF	F):	10101011			1 2/3
cxecuted within and completely o burial, crema		Sequentially list conditions,	· QUADR	APAR	2123				6 wKc
OX be ex lician a rior to	ATION	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF			21-		(/-
BOX ficate be physician ne prior t		CAUSE (Disease or injury	c. NUPTURE	CONSEQUENCE OF	RVICA	16 1	USC		6WKS
eath certific attending ph rtal Hygiene	CERTIFICATION	that initiated events resulting in death) LAST	110 TO R 11	GT / A / A	- A	(1)	17		1 wike
Geatt afte	CE		a.pt.c.jork V	CHIZ	EN	CUSE.			6 101
D # # F	CAL C	PART il. Other significant condition	s contributing to death b	ut not resulting i	in tha underlyin	g causa given in	Part I. 24s. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S tha		NATEOR	EF				1.00	2 14 NO	COMPLETION OF CAUSE OF DEATH?
REC requires	ME!						_		1 TES 2 NO
law ras be Dept.	A Ä	os uma osos berenesa en arrago.							
VITAL AN: The lav tificate has e State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINÉR? 1: ✓ YES 2 ☐ NO	HOSPITAL:		OTHER:	LACE OF OEATH (Ch			
11 S 9 E	입 수 [27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp 28e. DATE OF INJURY	atient 3 DOA		ne 5 🗆 Residence	8 Other (Specify)	WALKERY CONTRA	
PHYSIC this cer		1 Netural 5 Pending	(Month, Day, Year)	INJ	URY WO	YES 2 NO	28d. DESCRIBE HOY	- CAO	- ,
ON ON Affer death		2 Accident Investigation 3 Suicide a Could set be	28e. PLACE OF INJURY	5 4:45 — At home, ferm, a	71		28t. LOCATION (Street	et and Number or Bi	Dello ONT
TISI TITEN TIOR:	е Ш	4 Homicide determined	building, atc. (Spec	571	REFI	^	ARPROACHT		INTERSECTION EAST-WEST HWY
OR OR	PLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of my brown	lades death seem			OF BEACH		EAST-WEST HWY
	COMP	(Check only one) 2 / MEDICAL EXAMINE	CIAN: To the best of my knowl R: On the besis of examination	n end/or investigation	n. In my opinion, d	end place, end due leath occured at the	to the cause(s) end n	nanner as stated.	rea(a) and manner as stated
HOSPI FUNER within	0	29b. SIGHATURE AND TATALE OF CERTIFIER						1	
TO THE HOSPITAL TO THE FUNERAL De fled within 72	8		011/10	11/1/2	10	29c. LICENSE NUI	G G	29d. DATE SIG	NED (Month, Day, Year)
) PPE	0	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)	00/		1. 7	-1-10
-		FRANCH C MAY	and the same	RNWOO	22 Rb/	BOTHIN	SEX MI	\$ 201	1>
		31. DATE FILEO (Month, Day, Year) MAR 04 93	3. BEGISTBAR'S SIGNA	ATURE					
		MAR 04 93	Frena wayasan	Maraces					

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		1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF HEAD		TAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) 5 H Y R - /	Zou	CHI	ENG	MO	TE OF DEATH DAY 2 - 26-6%	3. TIME OF DEATH 3. OSO3 AM
		4. SOCIAL SECURITY NUMBER 117-54-2017	1 1 M 2 F	(In yrs. lest birthdey) YRS.		UNDER 24 HRS. 7. DA	TE OF BIRTH orth, Day, Year) - (6-06	8. BIRTHPLACE (State or Foreign Country) CHINA
2.3	ECTOR	PACILITY NAME (If not institution, give, UBURIS IN WILLIAM RESIDENCE OF DECEDENT	HOSPITA	1	96. CITY, TOWN OR LO	CATION OF DEATH	9c. COUN	TY OF DEATH VT 6 JUBRY
if. Pages 1.	DIR	10a. STATE 10b. COUNT	ONTEOMET	24 10c. CIT	Y, TOWN OR LOCATION	HESY	1	10d. INSIDE CITY LIMITS? 1 PES 2 NO
an. ransit permit.	NERAL	7520 ROYAL	Sourior	8/	101. ZIP	CODE 817		EEN OF WHAT COUNTRY?
5-0020 nding physician. ss the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Infarried 3 X X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR C	2 ANO	If yes, specify	ENT OF HISPANIC ORI- Cuban, Maxican, Puer XNO Specify:		14. RACE — American Indian, Black, Whita, alc. Specify: CHINESE
21215-0 tal or attending for use as the	LETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of v		working	isb. KIND OF BUSINESS/INDO	JSTRY
LAND 2 the hospital e detached fo	COMP	12 17. FATHER'S NAME (First, Middle, Lest)		SECRETAR	18.	MOTHER'S NAME (Firs	NATIONAL CHI:	NESE GOVERNMENT
MARYLAND 2121 retained by the hospital or atte 5 should be detached for use a notified at once.	TO BE	UNKNOWN 19a. INFORMANT'S NAME (Type/Print) THOMAS L. CHENG	<u> </u>		ADDRESS (Street and No		umber, City or Town, State, Zip	*
TMORE, Page 6 may be all director, page 6		THOMAS L. CHENG	20	b. PLACE AND DATE O	OF DISPOSITION (Name of the rolace) AN CREMATO	D	BETHESDA, I ATE 20c LOCATION — C ALEXANDR	City or Town, State
ALT death. funer		21. SIGNATURE DE FUNERAL SERVICE L		7	PRANCIS	DORESS OF FACILITY	5 FUNERAL HO	
within 24 hours aft heletely filled in by a cremation. or removent, the medical		23. PART I. Enter the diseases, pr shock, pr heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one cause on a BILATER DUE TO (OR AS	sech fina.		f dying, such se c		
P.O. BOX 683 th certificate be execute ending physician and cut I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	С.	A CONSEQUENCE OF				
signed by the Health and M	MEDICAL C	PART II. Other significant condition ARTERIOSCUERE	/ /	but not resulting i		use given in Pert i.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The law te has b ate Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	nation: 3 DOA	26. PLACE OTHER: 4 □ Nursing Home 5	OF DEATH (Check only		
ATENOING PHYSICIAN: ECTOR: After this certifical staffer death with the St. 128 is marked, or it	ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year) 2 - 2 3 -	9 3 28b. TIMI	E OF 28c. INJURY WORK? M 1 YES	AT 28d. 0	DESCRIBE HOW INJURY OCCI	LLS FOUNDINE
DIVISIO OR ATTENDIN DIRECTOR: Aff hours after de:	ETED.	3 Suicide 8 Could not be determined	building, atc. (Spe	ome		G	OCATION (Street and Number of ity or Town, State)	10
1 72 -	COMPLETED	(Check only one) 2 MEDICAL EXAMINI						d, cause(a) and manner as stated.
TO THE HOSPITA TO THE FUNERA DE filed within 72	TO BE	30. NAME AND ADDRESS OF PERSON WH	-61/11	114/1	/ /	DO 709	9 29d, DATE	SIGNED (Month, Day, Year)
		FRANCIS (MA 31. DATE FILED (Month, Day, Year)	4/E //2/5	FERNUC	t M day	SETHE	ax Mb	2081>



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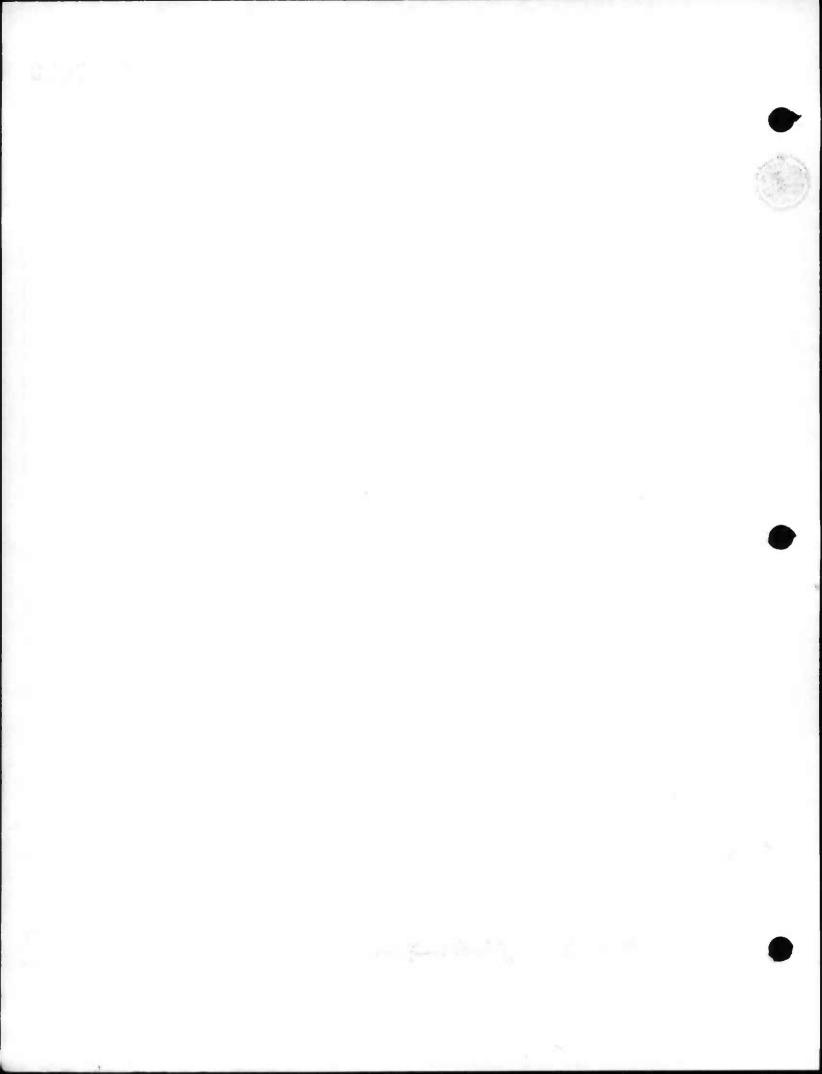
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

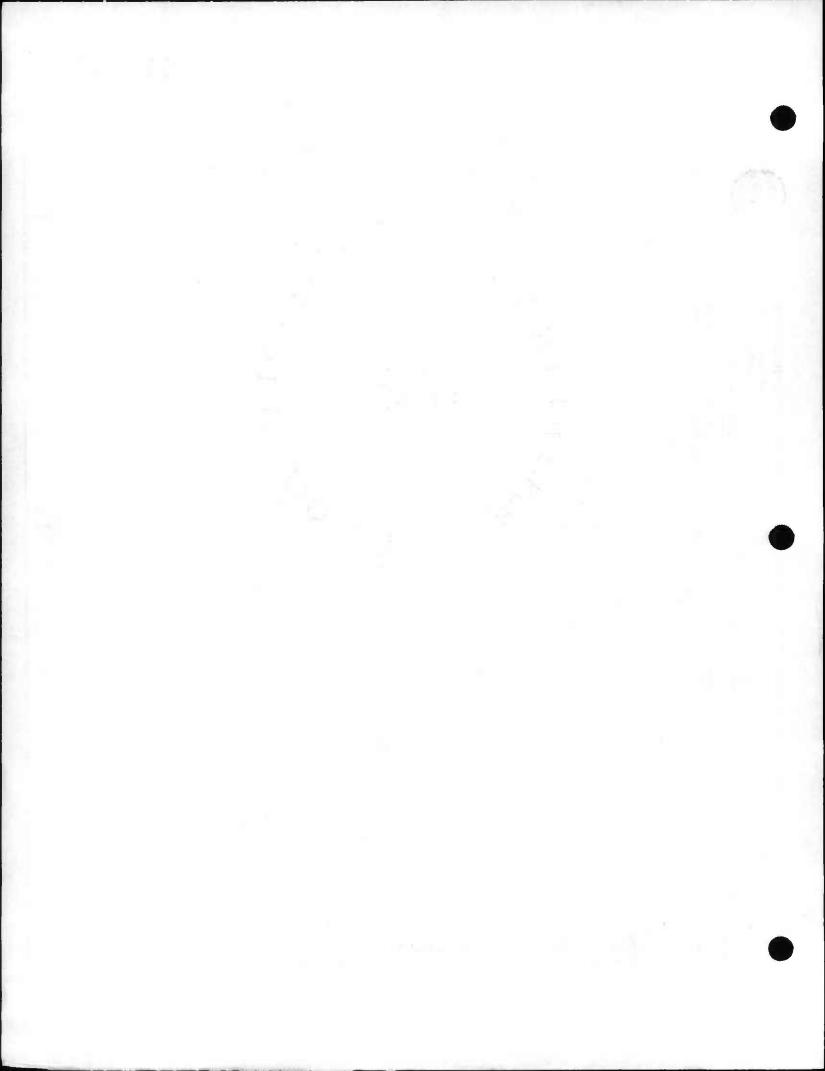
	ALEXANDER	KN	OX	CHRISTI	E					Feb:	cuary	24,1	953	2:16 A
	4. SOCIAL SECURITY NUMBER 129-03-948		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF	BIRTN Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
			1 M 2 D F	80	YRS.				14.00	Dec.	11,1	912		_York
œ	9a. FACILITY NAME (If not instit		ACCES OF A PARTY OF			9b. CITY	r, TOWN C	OR LOCATI	ON OF DE	ATN		9c. COU	NTY OF DEA	TN
DIRECTOR	5303 Cromwe	ell Dr	ive			В	ethe	sda	_		_	Mor	rtgome	ery
RE	7 10 10 10 10 10 10 10 10 10 10 10 10 10	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10	Dd. INSIDE CITY
	MD	Mont	gomery		В	ethe:							1	YES 2 NO
RA	100. STREET AND NUMBER 5303 Cromwe	11 D-	day.				101	. ZIP COD				10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	11. MARITAL STATUS	TT DE	12. WAS DECEDEN	T EVER IN U.S. AR	MED	12	WAS DEC		316	IC ORIGIN?	(Canalhi Va		US	- American Indian,
	1 Never Married 2 M	200		YES 2 TA		1 3	If yes, sp	ocify Cube	n, Mexica	n, Puerto Ric	an, atc.)	or NO	Black, \	White, alc.
) BY	3 Widowed 4 Divorce	-	112011111111111111111111111111111111111					z LM.o	Ороспу	· 			эрвспу:	White
COMPLETED	(Specify only h			16a. DE	CEDENT'S ive kind of a Do NOT us	USUAL O	CCUPATIO	ON st of working	ng	16b. K	IND OF BU	SINESS/IND	USTRY	
PLE	Elementary/Secondary (0-12	2)	College (1-4 or 5	, I							т			
MO	17. FATNER'S NAME (First, Midd	die, Last)	7	Treg.	ISLA	rive	Kep)			LVe ME (First, Mic		bor U	nion	-
BE C	Alexander	Chris	tie							sie Kr		ourname)		
10 B	190. INFORMANT'S NAME (Type	e/Print)		191	. MAILING	ADDRES	S (Street a	nd Number		ioute Number		n, State, Zip	Code)	
F	Barbara R.		stie		5303	Cron	nwell	L Dr.	, Ве	these	la, M	D 20	816	
	20a. METNOD OF DISPOSITION 1 □ Burtal 2 ※ Cremation	3 🗌 Remon	val from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (Na	me of		OATE	20c. LO		City or Town	, State
	4 ☐ Donation 6 ☐ Other (S) 21. SIGNATURE OF FUNERAL S		NGEE	Mt. Co	mfor	t Cr	emat	Ory			93	Alex	andri	a, VA.
	NO: 1	0	dh	0						's Sc	ns.	Inc.		
	much	all	3.1h	elson	~	5	5130	Wisc	consi	n Ave	NW.	Washi	ngton	DC 20016
	23. PART I. Enter the dise shock, or hee	eeses, or co ort fellure. L	implications the ist only one cau	t coused the de se on each line	ath. Do r	not enter	the mo	de of dy	ing, suct	es cerdis	c or reep	ratory em	est,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition		C .	7 .O.W			//	1						Onset and Death
	resulting in death)	a.	CEREB DUE TO	ROVASC	UK/	4R	740	CLID.	ENT	7	-			ACUTE
z	47		ARTER	INCCI ET	DATI	m (ARK	inda	80 .10	4.0	D	CZAC	_	ACUTE INDEF
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedia	nte I	DUE TO	(OR AS A CONSEC	WENCE OF	F):	7111	VIR	76.6			30,10	L.	7,0007
2	cause. Enter UNDERLYING CAUSE (Disease or injury		D140											
	that initiated events resulting in death) LAST		DUE 10	(OR AS A CONSEC	DUENCE OF	F):								
E		d.												
¥	PART II. Other significent	conditions	contributing to	death but not n	ecuiting	in the ur	nderlying	ceuse (given in i	Part i. 2	4s. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
ă										_ 1	YES 2	X NO		OMPLETION OF CAUSE F DEATH?
2 1										_			1	YES 2 NO
													1	
	25. WAS CASE REFERRED TO A	MEDICAL					26 DI	ACE OF D	EATH (Cha	oh anh ana)				
	EXAMINER?		HOSPITAL:	ER/Outpetlent 3	DOA	OTHE	R:			ck only one)	2			
			1 Inpatient 2 I	INJURY	26b. TIM	4 🗆 Nur	R: sing Home 28c, INJI	● SX Re		6 🗆 Other (NJURY OCC	URED	
PHYSICIAN:	EXAMINER? YES 2 NO 27. MANNER OF DEATN Natural 5 Per		1 Inpatient 2 I	INJURY	26b. TIM INJ	4 🗆 Nur	R: sing Home 28c, INJI WO	● SX Re	esidence	6 Other (NIBE HOW I	NJURY OCC	CURED	
BY PHYSICIAN:	EXAMINER? YES 2 NO 27. MANNER OF DEATN Naturel 5 Pe 2 Accident Inv 3 Suicide 6 Co	ending restigation and not be	28e. DATE OF (Month, D. 2 2	INJURY Ry, Year) 4 9 3 F INJURY — Al horate. (Specify)	26b. TIM INJ me, ferm, s	4 Nur E OF URY A M	R: sing Home 28c. INJI WOI 1 Y	• 5X) Re URY AT RK? 'ES 2	esidence	6 ☐ Other (1) 28d. DESC! FOUN 26l. LOCATI	D /	v B	Or Rural Rout	te Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN Neturn 5 Pe 2 Accident Inv 3 Suicide 6 Co 4 Homicide det	ending restigation	28e. DATE OF (Month, D. 2 2	INJURY Ry, Year) 4 9 3 F INJURY — Al horate. (Specify)	26b. TIM INJ	4 Nur E OF URY A M	R: sing Home 28c. INJI WOI 1 Y	• 5X) Re URY AT RK? 'ES 2	esidence	6 ☐ Other (1) 28d. DESC! FOUN 26l. LOCATI	D /	v B	61	te Number,
BY PHYSICIAN:	EXAMINER? 17. MANNER OF DEATN 1 Neturel 5 Per 2 Accident Inv 3 Suicide 6 Co 4 Hornicide 6 Co 4 Check only 1 CERTIFI	nding restigation wild not be termined	28a. DATE OF (Month, D. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	INJURY 19, Year) 4 9 3 FINJURY — Al holate. (Specify) my knowledge, dei	26b. TIM INJ me, ferm, s of 6 M	4 In Nur E OF URY A M street, fect	R: sing Home 28c. INJI WO 1 Y lory, office	o 5 X Re URY AT RK? 'ES 2 2	NO NO	6 Other (28d. DESCI	ON (Street of Town, State)	and Number	or Rural Rout	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN Netures 5 Period Inv 2 Accident 3 Sulcide 6 Code 4 Homicide 6 Code 29a. CERTIFIER (Check only one) 2 MEDICA MEDICA	ending restigation wid not be termined YING PHYSICI	28a. DATE OF (Month, D. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	INJURY 19, Year) 4 9 3 FINJURY — Al holate. (Specify) my knowledge, dei	26b. TIM INJ me, ferm, s of 6 M	4 In Nur E OF URY A M street, fect	R: sing Home 28c. INJI WO 1 Y lory, office	o 5 X Re URY AT RK? 'ES 2 2	NO NO	6 Other (28d. DESCI	ON (Street of Town, State)	and Number	or Rural Rout	te Number, nd manner as stated.
PHYSICIAN:	EXAMINER? 17. MANNER OF DEATN 1 Neturel 5 Per 2 Accident Inv 3 Suicide 6 Co 4 Hornicide 6 Co 4 Check only 1 CERTIFI	ending restigation wid not be termined YING PHYSICI	28a. DATE OF (Month, D. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	INJURY 19, Year) 4 9 3 FINJURY — Al holate. (Specify) my knowledge, dei	26b. TIM INJ me, ferm, s of 6 M	4 In Nur E OF URY A M street, fect	R: sing Home 28c. INJI WO 1 Y lory, office	o 5 X Re URY AT RK? 'ES 2 P and place,	NO NO	28d. DESCI 28d. DESCI 28d. LOCAT Chy or to the cause	ON (Street of Town, State)	and Number Here as state d due to the	or Rural Roun	nd manner as stated.
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN Neturn 5 Period Inv 2 Accident Inv 3 Suicide 6 Code 4 Homicide 6 Code 29e. CERTIFIER (Check only one) 2 MEDICA 28b. EIGNATURE AND TITLE ON	ending restigation wild not be termined YING PHYSICIAL EXAMINER:	28a. DATE OF (Month), D 26a. PLACE O building, AN: To the best of con the basis of a)	INJURY ny, Year) 4 9 3 F INJURY — Al horate. (Specify) my knowledge, dei amination and/or i	28b. TIM INJ me, farm, s f 6 M with occurrence stigation	4 Nur E OF URY A M street, fact	R: sing Home 28c. INJI WO 1 Y lory, office	o 5 X Re URY AT RK? 'ES 2 P and place,	NO NO and due	28d. DESCI 28d. DESCI 28d. LOCAT Chy or to the cause	ON (Street of Town, State)	and Number Here as state d due to the	or Rural Roun	nd manner as stated,
BE COMPLETED BY PHYSICIAN:	EXAMINER? VES 2 NO 27. MANNER OF DEATN Naturel 5 Pe 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFI (Check only 2 MEDICA 29h. BIGHATURE AND TITLE CH	ending restigation wild not be lermined YING PHYSICI LEXAMINER:	28a. DATE OF 28a. DATE OF (Month), D. 26b. PLACE O building, AN: To the best of On the basis of as	INJURY 19/, Year) 4 9 3 F INJURY — Al horate. (Specify) my knowledge, dei tamination and/or i	26b. Tim INJ me, ferm, 1 f 6 M atth occurrencestigation 1 27) (Type,	4 Nur E OF URY A M street, fect od at the t on, in my c	R: sing Hom 28c. INJI WOI 1	o 5 X) Re URY AT RK? FES 2 P and place, eath occur	NO NO and due ed at the ENSE NUM	6 Other (28d. DESCI FOUN 26l. LOCATI City or to the cause BER 999	NIBE HOW II	and Number Here as state d due to the	or Rural Rous	nd manner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN Neturn 5 Period Inv 2 Accident Inv 3 Suicide 6 Code 4 Homicide 6 Code 29e. CERTIFIER (Check only one) 2 MEDICA 28b. EIGNATURE AND TITLE ON	ending restigation and not be termined to the	28a. DATE OF 28a. DATE OF (Month, D. 2 26e. PLACE O building, AN: To the best of On the basis of as COMPLETED CAUSE 9 JT., M.	INJURY 19/, Year) 4 9 3 F INJURY — Al horate. (Specify) my knowledge, dei amination and/or i	26b. Tim INJ me, ferm, 1 f 6 M atth occurrencestigation 1 27) (Type,	4 Nur E OF URY A M street, fect od at the t on, in my c	R: sing Hom 28c. INJI WOI 1	o 5 X) Re URY AT RK? FES 2 P and place, eath occur	NO NO and due ed at the ENSE NUM	6 Other (28d. DESCI FOUN 26l. LOCATI City or to the cause BER 999	NIBE HOW II	ond Number Appendix	or Rural Rous	nd manner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 27. MANNER OF DEATN Neturel 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide 6 Co (Check only one) 2 MEDICA 29a. CERTIFIER (Check only one) 2 MEDICA 39a. NAME AND ADDRESS OF P Francis C.	ending restigation and not be termined to the	28a. DATE OF (Month, D. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	INJURY 19, Year) 4 9 3 FINJURY — Al house care (Specify) my knowledge, deal care instance and/or least the care instance and instance in the care instance in the care instance in the care instance in the care instance in the care instance in the care instance in the care instance in the care in the ca	26b. TIM INJ me, farm, s f 6 M ath occurrencestigation 27) (Type, 215 I	4 Nur E OF UNY A M street, fect od at the t on, in my o	R: sing Hom 28c. INJI WOI 1	o 5 X) Re URY AT RK? FES 2 P and place, eath occur	NO NO and due ed at the ENSE NUM	6 Other (28d. DESCI FOUN 26l. LOCATI City or to the cause BER 999	NIBE HOW II	ond Number Appendix	or Rural Rous	nd manner as stated.



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARY			OF DEATH	MENTAL HYGIENI	E	
1. DECEDENT'S NAME (First, Middle, Las.	0	OLITTI	ICATE .	OF DEATH	REG. NO.		3. TIME OF DEATH
Willie Osca	r Cox				3-8-93	Y YEAR	12 1- 04
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS	7. DATE OF BIRTN	a. BIRT	THPLACE (State or Foreign
223-12-2964	1 M 2 D F	83 YRS.	MONTHS D	AYE HOURS MIN.	(Month, Day, Year) 6-12-09	Cour	VA
Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF		9c. COUNTY OF	DEATN
1168 Marlboro R	d.		Lothi	an		Anne	Arundel
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN							
			Y, TOWN OR L				10d. INSIDE CITY LIMITS?
MD. Ann	e ARundel	L	othia	n, Md.			1 TYES 2 A NO
				10f. ZIP CODE			WHAT COUNTRY?
1168 Marlb	OTO KOAD 12. WAS DECEDENT EVER	IN HE ADMED	T 40 110	20711			USA
1 Never Married 2 Noticed 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If ye	s, specify Cuben, Mexi YES 2 1 NO Spe	ANIC ORIGIN? (Specify Yea can, Puerto Rican, etc.) city:	Bla	CE — American Indian, ek, White, atc.
15. DECEDENT'S EC		16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BUS	INESS/INDUSTRY	
(Specify only highest gra-	College (1-4 or 5+)	Equipme		erator	Constru	ction	
17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First, Middle, Maiden S	Surname)	
Vander Bilt 19a. INFORMANT'S NAME (Type/Print)		COX	ADDRESS (S)		zabeth al Route Number, City or Town	State 7in Code	Shelton
Margie C. Cox			as 10		i route number, city or lown	, State, 210 GOOD)	
20a. METHOD OF DISPOSITION 1 20 Burlal 2 Cremation 3 Re		b. PLACE AND DATE C		N/Name of	3-11-93	ATION — City or 1	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE.		Mt. Zion				Lothian	(AA) MD
M/ Mil	1 Phase			sch Funera	1 Home, PA	Owings	s, MD 20736
23. PART I. Enter the diseases, or	complications that cause	ed the deeth. Do n	ot enter the	mode of dying, su	ich aa cerdiac or respir	story erreat.	Approximata
immediate cause (Fine) disease or condition resulting in death)	a. Anthria	each line.	A	,	0	1	Interval Between Onset end Death
	DUE TO (OR AS	A CONSEQUENCE OF	hora		diseas	2	1
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	1:				
cause. Enter UNDERLYING CAUSE (Disease or Injury	c	0					
that initiated events resulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF	7:				
Tooling III Goodily Exist	d						
PART II. Other significant condition	ona contributing to deeth	but not resulting i	n the under	iying cause given i	n Part I. 24s. WAS AN A	WTOPSY 24	b. WERE AUTOPSY FINDINGS
					PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 🗆 YES 2	ZANO	OF DEATH?
							I TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2	6. PLACE OF OEATH (Check only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 280	. INJURY AT WORK?	28d. DESCRIBE NOW IN	JURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation		l l l l		YES 2 NO	N	1 AMA	will
3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, stc. (Spe	Y — At home, term, s ocify)	treet, factory,	office	28t, LOCATION (Street er City or Town, State)	nd Number or Rulei	Route Munder.
29a. CERTIFIER	SICIAN: To the best of my know	adada a fida atta a a a a a a	d = 4 th + 14 = +			Ultraria Charter	
	IER: On the basis of examination						(s) end menner as stated.
296. SIGNATURE AND TITLE OF CENTURE	1-m			29c. LICENSE N	UMBER	29d, DATE SIGNE	D (Month, Day, Year)
MANUEL	WL			10	125-12	1 3/5	1/1902
Dr. Charles W				1. Road	Lothian,	Md - 2	0711
31. DATE FILEO (Mgntft, Day, Year)	32. REGISTRAR'S SIGI	NATURE					
101 T YAW	33 Julia David	on-Handell					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

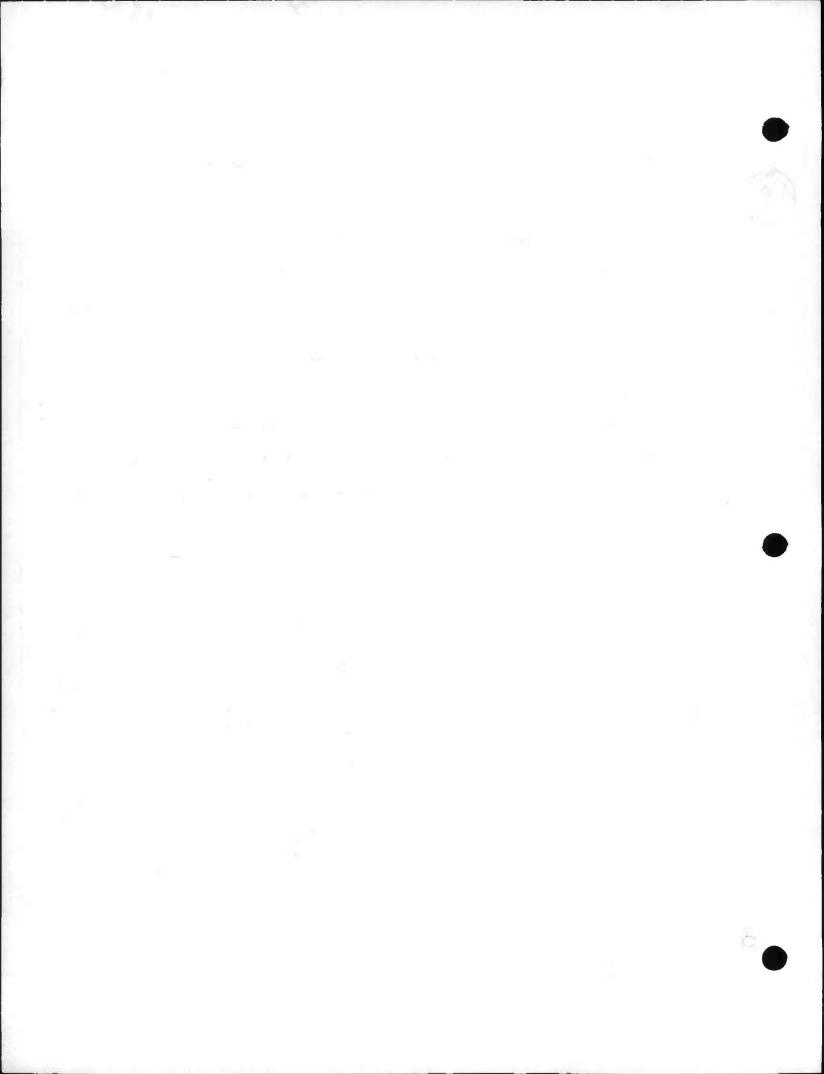


BALTIMORE, MARYLAND 21215-00	nours after death. Page 6 may be retained by the hospital or attending p	d in by the funeral director, page 5 should be detached for use as the tor removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending a	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and compietely filled in by the funeral director, page 5 should be detached for use as the to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumall event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

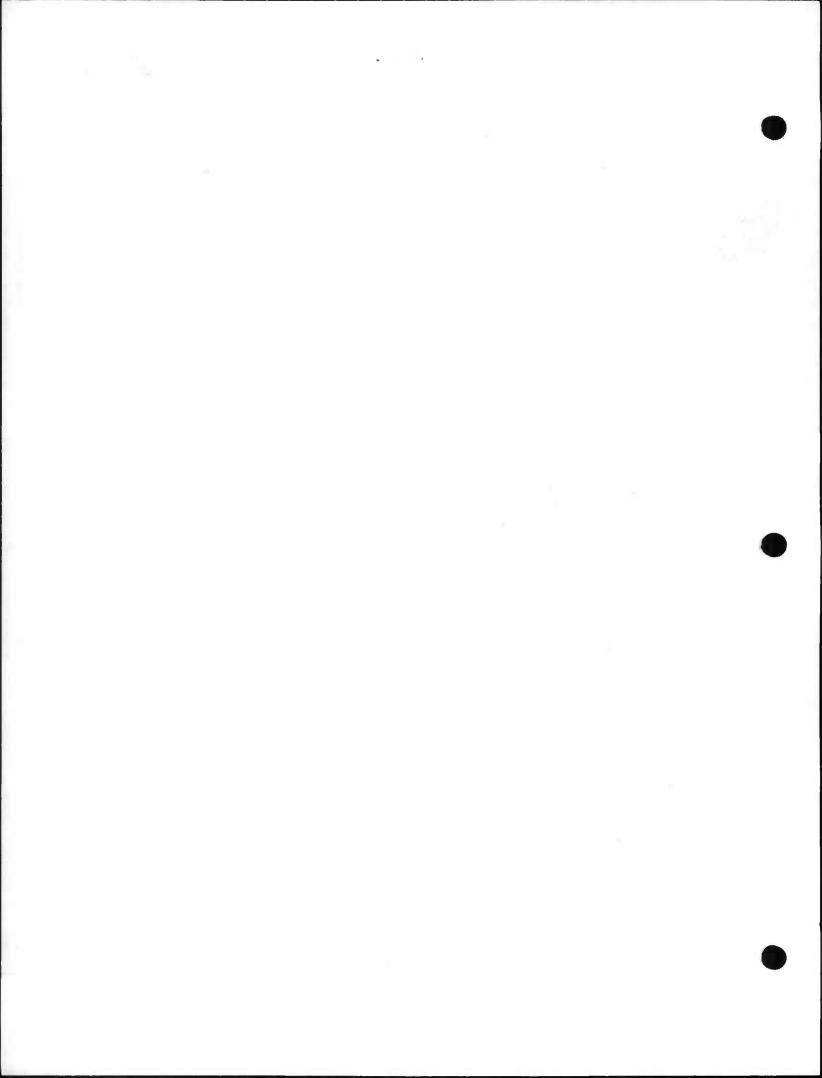
13								HEG. NO.				
- 19	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	F DEATH		3. 1	TIME OF DEATH	
	RALPH WILSON	V CHAS	2F				MONTH O3 /	07/93		YEAR	020 - "	
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. les	t hirthday)	IF UNDER 1 Y	EAR IF UNDER 24 H					030 a M	
	218-16-3027	1 M 2 F	76			AYS HOURS M	Month, L	16,19	ا] ،	Country)	CE (State or Foreign	
1			/6	rns.				16,19	910	Mar	yland	
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TO	OWN OR LOCATION O	OF DEATH			Y OF DEATH		
DIRECTOR	CALVERT MEMORIAL	HOSPITAL			DDTN	CE FREDER	TCK		Caly	ert		
5	CALVERT MEMORIA		1		FRIN	CE PREDE	CICK		COON			
H	10e. STATE 10b. COUNT	Υ		10c. CITY	, TOWN OR	LOCATION				10d	INSIDE CITY	
ā	Maryland C	alvert			Hunt	ingtown				10	YES 2X NO	
7	10e. STREET AND NUMBER				_	101. ZIP CODE		T	10a. CITIZI	EN OF WHAT		
3	725 Armiger Ro	od					0					
FUNERAL	11. MARITAL STATUS					2063				USA		
5	1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2 A	MED O	13. WAS	S DECENDENT OF HI	SPANIC ORIGIN? (exican, Puerto Ric	(Specify Yes (or No- 1	4. RACE / Black, Wh	American Indian, ite, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2 NO S		, , , ,		Specify:	Black.	
											Diack,	
<u> </u>	15. DECEDENT'S EDI (Specify only highest grad	CATION completed)	16a. DE	CEDENT'S	USUAL OCCU	JPATION ng most of working	16b. K	IND OF BUSI	NESS/INDU	STRY		
ш	Elementary/Secondary (0-12)	College (1-4 or 5+))									
4	4		Bri	cklay	ver He	lper						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	S NAME (First, Mid	Idle, Maiden S	Surname1			
	Thomas	Cha	Se				nnie			Ca	ates	
B	19a. INFORMANT'S NAME (Type/Print)	Ona			4000000			011			2169	
2	Carcon Control Tills and Unestending					treet end Number or F						
	Annie Louise Cha	se	. 7	25 Ar	miger	Rd. Hun	tingtown	n, MD	2063	9		
	20a METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Ren	ound from State	20b, PLACE			ON (Name of	DATE	20c. LOC	ATION — CI	ty or Town,	State	
	4 Donation 6 Other (Specify)	TOVAL FROM State	Pating	natory or of	hornianal	om. 03/1	3/93	Hunt	ingt	own, h	MD.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	E G C G S C	110 0	22. NA	ME AND ADDRESS O	F FACILITY Co-					
- 1	1,	C 2										
	spercer	2. Ser	Were		145	1 Dares	Beach Ro	d. Pri	nce	Frede	rick,MD	
	shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
ATION	If any, leading to immediate	DUE TO (OR AS A CONSEC	O T. 1	516	ee. G	0057					
CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	4				le Si	epsis					
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	4	OR AS A CONSEC			le Sa	epsis					
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	4				le Si	epsis					
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):							
DICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEC	UENCE OF):		n in Part I. 2	4a. WAS AN A PERFORM	NED?	AWAI	NE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE JEATH?	
EDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):	riving cause give	n in Part I. 2	4a. WAS AN A PERFORM	NED?	CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
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MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition CCCC CS =	DUE TO (deeth but not re	eaulting in	other:	rlying cause give	n In Part I. 2	4a. WAS AN A PERFORM YES 2	NED?	CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition CCVS CS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (d	deeth but not reduced by the second s	DOA 28b. TIME	OTHER: 4 Nursing	riying cause give	In In Part I. 2	4a. WAS AN A PERFORM PERFORM VES 2 (Specify) RIBE HOW IN.	JURY OCCU	AVAI COM OF I	LABLE PRIOR TO IPPLETION OF CAUSE SEATH?	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (d	deeth but not reduced by the second s	DOA 28b. TIME	OTHER: 4 Nursing	riying cause give	In In Part I. 2	4a. WAS AN A PERFORM VES 2 (Specify)	JURY OCCU	AVAI COM OF I	LABLE PRIOR TO IPPLETION OF CAUSE SEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: t Inpatient 2 28e. PLACE OF building, 6	deeth but not reduced by the series of the s	DOA 20b. TiME INJU	OTHER: 4 Nursing OFF 28	riying cause giver 26. PLACE OF DEATH Home 5 Reside c. INJURY AT WORK? YES 2 NO	1 (Check only one) 1 (Check only one) 1 (Check only one) 28d. DESCR	4a. WAS AN A PERFORM PERFORM VES 2 Specify) RIBE HOW IN. ION (Street an Town, State)	JURY OCCU	AMAL COM OF I 1 IRED	LABLE PRIOR TO IPPLETION OF CAUSE SEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: t Inpatient 2 28a. DATE OF i (Month, De) 28c. PLACE OF building, a	deeth but not reduced by the series of the s	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28 M 1 treet, factory, d at the time	riying cause giver 26. PLACE OF DEATH Home 5 Reside c. INJURY AT WORK? YES 2 NO	1 (Check only one) 1 (Check only one) 1 (Check only one) 1 (28d. DESCR	4a. WAS AN A PERFORM PERFORM VES 2 [Specify] RIBE HOW IN. FOWN, State)	JURY OCCU	AMALONO OF I	LABLE PRIOR TO INTERPRETION OF CAUSE SEATH? YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (d	deeth but not reduced by the series of the s	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28 M 1 treet, factory, d at the time	riying cause giver 26. PLACE OF DEATH Home 5 Reside c. INJURY AT WORK? YES 2 NO	1 (Check only one) 1 (Check only one) 1 (Check only one) 1 (28d. DESCR	4a. WAS AN A PERFORM PERFORM VES 2 [Specify] RIBE HOW IN. FOWN, State)	JURY OCCU	AMALONO OF I	LABLE PRIOR TO INTERPRETION OF CAUSE SEATH? YES 2 NO	
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COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (d	deeth but not reduced by the second s	DOA 26b. TiME INJU	OTHER: OT	riying cause giver 26. PLACE OF DEATH Home 5 Reside C. INJURY AT WORK? VES 2 NO offica data end place, end ion, death occurred a	In In Part I. 2. 1 (Check only one) 1 (Check only one) 28d. DESCF 26f. LOCATI City or 1 due to the cause t the time, data an	Specify) ON (Street an Rown, State)	JURY OCCU Mod Number of the state of the total to the case of the	AMALON CON CON CON CON CON CON CON CON CON C	Number, I manner es stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: t Inpatient 2 28a. DATE OF I (Month, De) 1CIAN: To the best of r ER: On the best of r COMPLETED CAUSE	deeth but not reduced to the control of the control	DOA 28b. Times farm, sith occurrent gation	OTHER: 4 Nursing E OF Print)	riying cause giver 26. PLACE OF DEATH Home 5 Reside C. INJURY AT WORK? VES 2 NO offica data end place, end ion, death occurred a	In In Part I. 2. 1 (Check only one) 1 (Check only one) 28d. DESCF 26f. LOCATI City or 1 due to the cause t the time, data an	Specify) ON (Street an Rown, State)	JURY OCCU Mod Number of the state of the total to the case of the	AMALON CON CON CON CON CON CON CON CON CON C	Number, I manner es stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: t Inpatient 2 28a. DATE OF I (Month, De) 1CIAN: To the best of r ER: On the best of r COMPLETED CAUSE	deeth but not reduced by the second	DOA 28b. Times farm, sith occurrent gation	OTHER: 4 Nursing E OF Print)	riying cause giver 26. PLACE OF DEATH Home 5 Reside C. INJURY AT WORK? VES 2 NO offica data end place, end ion, death occurred a	In In Part I. 2. 1 (Check only one) 1 (Check only one) 28d. DESCF 26f. LOCATI City or 1 due to the cause t the time, data an	Specify) ON (Street an Rown, State)	JURY OCCU Mod Number of the state of the total to the case of the	AMALON CON CON CON CON CON CON CON CON CON C	Number, I manner es stated.	



200	155	TE .	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicient	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit of miles within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL DR ATTENDING F	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If Item 28 is mar

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.				
8	1. DECEDENT'S NAME (First, Middle, Lest) Theodore E. Crawf	ord Jr.			2. DATE OF DEATH	y 9 ^y 5 ^{AR}	3. TIME OF DEATH 15:20			
	203-14-4 \$ 52	M 2 F	yrs. lest birthday) 66 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-26-26	HPLACE (State or Foreign			
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Union Hospital Elkton, Md Cecil RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY i	n Rd., Ch	, Chesapeake City 10d. MSIDE Of LIMITS?							
FUNERAL	96 Dartmouth Road			101	21915	10g. CITIZEN OF	WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 15 YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Hyes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES A NO Specify: 14. RACE Black. Specify:				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	JSUAL OCCUPATE ork done during mo retired.)	done during most of working							
MPL	12	4	Acco	untant		Acco	unting			
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Sumame)			
BE	Theodore E. Cra	wrora	10h MAII INC	ADDRESS (Small		e Ruch	. 0 7. 0 1.			
5	Kathryn Manley (Crawford				chesapeak		21915 Md.		
	20a. METHOD OF DISPOSITION 1	from State cemei	PLACE AND DATE O	FDISPOSITION (Ne		DATE 20c. LO	CATION — City or To	own, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AL	D ADDRESS OF FA					
	Edwalth	lion		Gee	runerai			id. 21921		
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	nplications that caused it only one cause on each	tha death. Do n	ot enter tha mo	de of dying, suci	h aa cardiac or respi	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Myocardial Infarction Severe CAD									
_	DUE TO (OR AS A CONSEQUENCE OF):									
TION	Sequentially flat conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF);						
ERT	resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPS AMPLIABLE PRI COMPLETION OF DEATH? 1 YES 2									
Ä										
SICI		IOSPITAL:	tlant 2 DOA	OTHER:	ACE OF DEATH (Che					
	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DE\$CRIBE HOW INJURY OCCURED								
TED BY	Accident Investigation Suicide Could not be determined	M 1 VES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: 0							s) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	E Y	1		29c. LICENSE NUN D32395	IBER) (Month, Day, Year))3–93		
	30 NAME AND ADDRESS OF PERSON WHO TO		/	Print)						
	31. DATE FILED (Month, Day, Year) 03-03-93	32. REGISTRAR'S SIGNAT	TURE	8.0. K.	٠ ـ ـ ٨ ا	<u> </u>				
t	03-03-33	ב כטואייון	9	greene vous	Son-Aandel	NG-				





1	•	STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1	1. DECEDENT'S NAME (First, Middle, Last) . 2. DATE OF DEATH 3. TIME OF DEATH									
	Elizabeth L. Caputo AKA I	Betty 1	ty I. Caputo					993 10:03 PM		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HI		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
3	215-52-7455 ¹□M2☑F	83 YRS.	MONTHS DAYS	HOURS MH		6-20-09		N.C.		
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN	OR LOCATION O	F DEATH	1 1 - 1 1	9c. COUNTY OF DEATH			
6	S+MARY'S HOSPITA	P	Lear	MRC	1/2	con	51	MARY'S		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY		
E	Md. Charles						LIMITS?			
	100. STREET AND NUMBER		Waldorf	. ZIP CODE			10a. CIT	1 ☐ YES 2 ☑ NO IZEN OF WHAT COUNTRY?		
EB/	Box 253 D Sun Valley Dri		20604					USA		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMEO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes o				or No-	14. RACE — American Indian,		
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married FORCES? 1 YES 2 NO NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES, GIVE WAR OR DATES								Black, White, etc.		
								White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATE work done during mo			16b. KIND OF BUS	INESS/INC	DUSTRY		
2	Elementary/Secondary (0-12) College (1-4 or 5+)					0 7	•			
NO N	17. FATHER'S NAME (First, Middle, Last)	поше	maker	18 MOTHERN	S NAME /E	OWN F				
Ö	Lee Rominger					Unkno	,			
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street 1			Number, City or Town		p Code)		
임	Vicki Myers							1.20659		
		PLACE AND DATE	OF DISPOSITION (No	ma of		20-100		City or Town, State		
		d.State	e Veter	ane C	2-93 emi	I Che	1te	nham,Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AI	D ADDRESS O	F FACILITY	Lee Fu	nera	al Home, Inc.		
	Jerianne Co	100)	0633	ton, M	Alex	ander 1735	Ferr	ry Road		
	23. PART I. Enter the diseases, or complications that caused	the death. Do r	not enter the mo	de of dying,	such ss	cardiac or respir	atory an	rest, Approximate		
	shock, or hasrt failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death									
	disease or condition									
i	DUE TO (OR AS A CONSEQUENCE OF):									
O	Sequentially list conditions, a Acute Union Tract refection with segren									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	commendative of	1	V				0		
FI	CAUSE (Disease or Injury that Initiated events DUE TO IDM AS A	CONSEQUENCE OF	P):							
F	resulting in death) LAST									
	PART II Other classificant conditions contained to deat to									
SICAL	PART II. Other significant conditions contributing to death but	t not resulting	in the underlyin	g cause giver	n In Part	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	thent thyprotion of yes	matr	louco			1 🗆 YES 2	THE	OF DEATH?		
MEC	Marked Ofenite Debler	100						1 - YES 2 100		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		00.00	105.05.05.17	. 401			/\		
S	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inperient 2 ER/Outpa		OTHER:	ACE OF OEATH						
Ä	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIM	4 Nursing Hom			Other (Specify) OESCRIBE HOW IN	HURY OC	CURED		
	Metural 5 Pending (Month, Day, Year)	INJ	URY WO	RK? YES 2 NO						
2 Accident 3 Investigation Investigation 2 Accident 3 Suicide 4 Homicide 286. PLACE OF INJURY — At home, farm, street, factory, office 286. LOCATION (Street and Number or Bural Route No. City or Town, State) 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								r or Rural Route Number,		
7	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowle	dge, death occurr	ed at the time, date	and place, and	due to the	cause(s) and man	ner en stel	lad		
Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Check only Check on										
	296. SIGNATURE AND TITLE OF CERTIFIER	-/		29c. LICENSE				E SIGNED (Month, Day, Year)		
BE	1 \ 2	26		019	191	7	> 2	2/19/92		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	11/	1		-	2/1/12		
	James C. Bryd Vi	MD	Leo	MAR	St	aun	, N	6		
	31 MATE FILED (Mooth, Don, 1667) 32. REGISTRAS SIGNA	TURE	1.00			-		*		
[]	FEB 2 5 1993 grains	widson Po	nacic							

IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	OIAIL OI	CE		ICATE OF			REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last	9						2. DATE OF DEATH			3. TIME OF DEATH
	Sharon A Copp							2 · 21 . 93			11:22 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	- 1 0		LACE (State or Foreign
	442-58-7304	1 🗆 M 2 🔀 F	48	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) July 28,	1944	L Country	nley, Ohio
	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY, TOWN	OR LOCATE	DN OF DEA			INTY OF DE	
DIRECTOR	4710 Floral Par	rk Rd.			Bran	ndywi	ine		Pr	. Geo).
EC	10a. STATE 10b. COUN	TY	-	10c. CIT	Y, TOWN DR LOC	ATION			-		10d. INSIDE CITY
DIR	Maryland Pri	re¹s	F	Brandywi	ne					LIMITS?	
AL.	Maryland Prince George's			101. ZIP CODE			10g. CITIZEN OF WH				
FUNERAL	4710 Floral Park Road			20613					_	5.A.	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U			MED	13. WAS DE	CENDENT C	ENDENT OF HISPANIC ORIGIN? (Specify Ye		as or No- 14. RACE - American Indian,		- American Indian,
BY F	1 Never Married 2 Married FDRCES? 1 YES IF YES, GIVE WAR OR DAT			2 MND If yes, specify Cuban, Maxican ES 1 ☐ YES 2 NO Specify.							white, etc.
8	15. DECEDENT'S ED		16a, DE	CEDENT'S	USUAL OCCUPAT	ION		18b. KIND OF BU	SINESS/INI		
Ħ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	Hite.	Do NOT u	work done during n se retired.)	nost of working	ng				
APL	12th	1		mema	ker			Hor	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NAM	E (First, Middle, Maiden			
BE (Gerard W. Rooney						Eve:	lyn J. Opp	perma	an	
2	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street	and Number	or Rural Ro	oute Number, City or Tow	n, State, Zij	p Code)	
-	Thomas F. Cop	р			Same	as 1	.0 A-	F			
	20e, METHOD OF DISPOSITION 1 Deuriel 2 Cremetion 3 Rei	moval from Stata	20b. PLACE A	ND DATE	OF DISPOSITION (1		City or Tow	
	4 Donation 5 Other (Specify)	I recover	cemetery, cree	Mar		rch (lem.	2 26 93 (Clint	con, l	<i>laryland</i>
	21. SIGNATURE OF SUNERAL SERVICE L	O / (7-1					ur Lee Fr			
	Joseph 1	Sasta	Sh		6633	01d	Alex	ander Fer	ry Ro	oad Cl	Linton, Md
	23. PARTA. Enter the diseases, or	complications the	caused the de	ath. Do r	not enter the m	ode of dy	ing, such	as cardiac or respi	ratory an	rest,	Approximate
	shock, or heart failure IMMEDIATE CAUSE (Final	. List only one cau	Jse Dn aach iina.								Interval Between Onset and Death
- 1	disasse or condition									1 MONTH	
Ì	Tooling in dealing	DUE TO	(DH AS A CONSELL	UENCE O	F):						
z	Sequentially list conditions. b. METETATIC LUNG ONCER (ADEND CARCINONA) 19 MONTHS										
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(DR AS A CONSED	UENCE D	F):						
일	CAUSE (Disease or Injury	C	(DR AS A CONSED	MENOT O	n.						
Ē	that initiated events resulting in death) LAST	502 10	(DR AS A CONSED	DENCE O	r);						i
CERTIFICATION		d				_					
	PART II. Other significent condition						lven in P	art I. 24s. WAS AN			VERE AUTOPSY FINDINGS
DICAL	EXTENSIVE REST	PRATORY	COMPRON	150	SUCONDI	spy	70	1 _ YES 2			COMPLETION OF CAUSE OF DEATH?
ME	WIDOSPRIAD	PULMONA	24 ME	TA J	TAS13				71		YES 2 ND
ż								_			
SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LICON TO				LACE DF D	EATH (Chec	k only one)			
Š	1 TES 2 NO ND	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing Ho	ne 5 Re	sidence 6	☐ Other (Specify)			
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE DF (Month, D		28b. TIM		JURY AT ORK?	1	26d. DEŞCRIBE HOW I	NJURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation					YES 2	NO				
3 Suicide 8 Could not be detarmined 28s. PLACE DF INJURY — At homa, farm, strast, factory, office building, atc. (Specify) 28s. LOCATION (Street and Number of City or Town, State)								or Rural Roo	or Rural Route Number,		
MPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIE						NSE NUMB				
BE	RIMIT	Nesta	n MI	7		100	_	382	ZVG, DAT) / 1 1	Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAU	SE OF DEATH (ITEN	1 27) (Type	Print)	LU	-10-	3900	•	4/22	173
	ROBERT J.	DELAP	MD,	L	DMBARDI	CAN	UCIER	CENTER	, with	SHOW	pa DC 20007
	EB25 19	93 32. REGISTRA	R'S SIGNATURE	7And	less			7		_	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIRECTOR

FUNERAL

В

COMPLETED

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, F	on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. F	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremati

must be notified at once. examiner medical the any injury, or other traumatic event, has been signer Dept, of Health n 23 shows a certificate han the State De I, or Item 2 marked, or : After this cer death with th DIRECTOR: A hours after de Item 28 Is TO THE HOSPITAL OF TO THE FUNERAL DE FILE WITHIN 72 ho

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

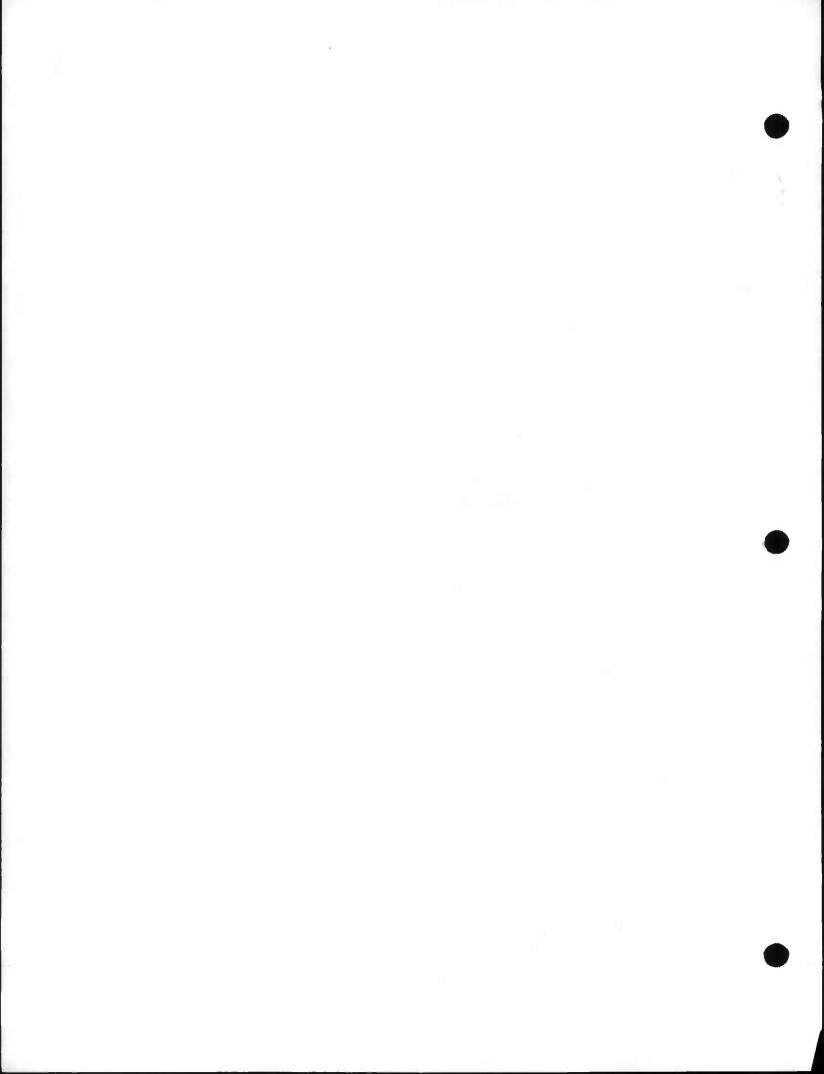
BE

2

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Tin CHIN 1993 5:58P 02 20 Wah 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 578-28-8501 1 🕅 M 2 🗌 F 70 YRS. Feb. 16, 1923 China 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH Doctor's Community Hospital Lanham Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's College Park TXXYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9014 Rhode Island Avenue 20740 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 - YES 2 XX00 Specify: Specify: Chinese 3 Widowed 4 X Divorced WW II 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working We. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Chef 8 Trader Vic's 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Wee Kok Chin Kwan Suet Jing 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) George Chin 8617 Undermire Court, Bowie, Maryland 20720 20a, METHOD OF DISPOSITION
1 X Burisl 2 Cremation
4 Donation 5 Other 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Fort Lincoln Cemetery 2-26+93 Brentwood, Maryland 21. SIGNATURE OF FUNER 22. NAME AND ADDRESS OF FACILITY
Rendon/Hale Lanham Funeral Home 9013 Annapolis Rd., Lanham, Maryland 20706 23. PART L Sitter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, speck, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO 10 AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING d DUE TO (OM AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE insufficienc 1 TYES 2 NO OF DEATH? 1 TES 2 X NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26. PLACE DF DEATH (Check only one) HOSPITAL:

1 Supportient 2 ER/Outpatient 3 DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 14 1 YES 2 NO Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Coloras D 22 /// 2 20/93 30. NAME AND ABORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8100 Goodluck Road, Lanham, Maryalnd 20706 Thomas J. Ko M.D. GLA SZ. HEGIS TRAP'S SIGNATURED FEB 2 2 1993



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, List, MARY	COLEY				2. DATE OF DEATH) 8 C	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 578-50-7943	1 □ M 2 🔀 F	65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 26,	8. B	SHITTHPLACE (State or Foreign Sountry) [ewberry, S.C.			
TOR	9a. FACILITY NAME (If not institution, give MONTGOMERY RESIDENCE OF DECEDENT	· ·	OSPITAL		R LOCATION OF DE	ATH	9c. COUNTY O	OF DEATH TGOMERY			
DIRECTOR	36 1 1	ryland Mantager									
FUNERAL	100. STREET AND NUMBER 14400 Woodcrest				ZIP CODE 20853	-	10g. CITIZEN	1 XXYES 2 □ NO OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) YES 2 K NO Specify: BLACK								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th 1sa. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use referred.) PRESSER World Cleaners										
	17. FATHER'S NAME (First, Middle, Last) Elias Worthy		TICLE)		ME (First, Middle, Maide) rie Halte:	n Surname)	IS			
TO BE	19a. INFORMANT'S NAME (Type/Print) Sandra Goodall		196 MAILING	ADDRESS (Street at Woodcre		Rockville	wn, State, Zip Code	0853			
	20e, METHOD OF DISPOSITION 1		206. PLACE AND DATE OF			DATE 20c. LO	CATION — CHY	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE L		<i>=</i> #900	Robers	t G. Mas	on Funera:	1 Home,				
NO	23. PART I. Enter the diseases, or shock, or heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR A)	sed the deeth. Do not each line.	ot enter the mod	de of dying, such	n es cardiec or resp	Hratory arreat,	Approximate interval Between Onset and Death			
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	S A CONSEQUENCE OF								
MEDICAL	PART II. Other significent condition ACUCHE Chance of	his contributing to death	Ventrice	May ,	couse given in Lacille	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER: 4 Nursing Home	ACE OF DEATH (Chi	6 C Other (Specify)					
ВУ РН	27. MANMER OF/DEATH 1 Natural 5 Pending 2 Accident Investigation		r) INJU	M 1 T	RK?	28d. DEŞCRIBE HOW					
ETED	3 Suicide 6 Could not be determined	building, atc. (S)	RY — At home, farm, st pecify)	reet, factory, office		28f. LOCATION (Street City or Town, State		ural Route Number,			
COMPLETED		SICIAN: To the best of my knoten						use(a) and manner as stated.			
TO BE	290. SIGNATURE AND THE OF CERTIFIC	an m			P32	18ER 1417	29d. DATE SIG	2/09/23			
	30. NAME AND ADDRESS OF PERSON W	a M.D.	120/6		G14 AV	~ S.S.	20	902			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAT'S SIGNATURE FEB 2 4 1993 Grand Durkley Problem										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital on attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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5	end	intal Hyglene prior to burial, cremation, or removal.	
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HOSPITAL DR ATTENDING PHYSICIAN: ' FUNERAL DIRECTOR: After this certifical within 72 hours after death with the Sta

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5

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. DEGISTRAR'S SIGNATURE

31. DATE PILES (Month, Day, Year) 2 4 1993

burial-transit

L.R.B. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First Middle Last) 3. TIME OF DEATH YEAR STEVEN CURTIS 02 18 1993 6:40 M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 220 70 3694 1 M 2 F 36 Jan. 16 1957 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR PRINCE GEORGES GENERAL HOSP PRINCE GEORGES Cheverly 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Bowie XXXYES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 13320 Yarland Lane 20715 United States 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, aic. Never Married 2 Married yes, specify Cuban, Mexican, P 1 TYES 2 TO NO Specify. BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16s. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) et of working Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Waiter Food Service 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Gary A. Curtis Betty Jean Barnes BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Betty J. Lanahan 13320 Yarland Lane Bowie, Md. 20715 pe 20a. METHOD OF DISPOSITION
1 CXBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Fort Lincoln Cemetery 2/2/2 4 Donation 5 Other (Specify). 2/22/93 Brentwood Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE * Kolur Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition CardiomyopATHY Vilated reaulting in death) QUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 VES 2 □ NO ty⊡ynpetient 2 ☐ ER/Oulpetient 3 ☐ DOA 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) 0 27. MANNED OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OEȘCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Acciden 28e. PLACE OF INJURY — At home, larm, street, lactory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be datermined COMPLETED 4 Homicide 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) hute no 2 02/19/1993

111 Penn Street, Baltimore, Maryland

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	1. OECEDENT'S NAME (First, I	Middle, Last)					-			2. DATE OF DEATN			3. TIME OF DEATN
	Margaret		Wheeler		Case	9				MONTH 02/19/	3	YEAR	3:16 0
	4. SOCIAL SECURITY NUMBE		5. SEX	8. AGE (In y	rs. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		a. BIRTI	IPLACE (State or Foreign
	157-07-3795		1 □ M 2 🔀 F	7:	2 YRS.	MONTHS	DAYS	HOURS	MIN.	11/12/20		Counti	mont N, J.
_	9a. FACILITY NAME (If not inst					9b. CITY	, TOWN	OR LOCATI	ON OF OE	ATH			
5	North Arund	del Ho	spital			Gle	en B	urnie	9		Anr	ne Ar	undel
DIRECTOR	10a. STATE	10h. COUNTY	Arundel		10c, CIT	Y, TOWN (OR LOCAT	TION					404 MAINE OFFI
뚬	MD		Pa	rk					10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER						101	f. ZIP COD	E		10o. CIT	IZEN OF V	1 YES 2 NO
ER	337 Lynwood	d Driv	re						2114	16	Ü.	S.A.	WINT COOKING
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT (F HISPAN	IIC ORIGIN? (Specify Yea	or No-	14. RACE	— American Indian,
BY F	1 Never Married 2 MM 3 Widowed 4 Divorc		FORCES? 1 IF YES, GIVE V	NAR OR DATES	S NO			ecify Cuba 2 NO	n, Maxicai Specify	n, Puerto Rican, etc.)		Black	c. White, etc.
								/				950	White
COMPLETED	(Specify only I		completed) 4	184	e. DECEDENT'S (Give kind of a life. Do NOT us	WORK done	CCUPATIO	ON ost of working	ng	16b. KIND OF BUS	INESS/INI		
1	Elementary/Secondary (0-1)	2)	College (1-4 or 5	+)						2 1 7 1	- 1	-	
N N	17. FATHER'S NAME (First, Midd	rfle 1 set)	7		Teache	er.				Public		ols	
	Arthur Lee		er							ME (First, Middle, Maiden			
BE	19a. INFORMANT'S NAME (Typ		.C.L		19b. MAILING	ADDRESS	(Street o			e Van Note		0-41	
2	Mr. Spencer	T. C	ase		337 Ly				OF NOVEL C	Severna			21146
	20a METNOD OF DISPOSITIO	M		20b. PL./	ACE AND DATE	OF DISPOS	ITION /Na					City or To	
	1 Donation 5 Other (S	3 ∐ Ramo Specify)	oval from State	cemeter) Met	y, crematory or o	ther place)	rv			Cator			
	21. SIGHATURE OF FUNERAL	BERVICE THE	ENDEE	1				ND ADDRE	SS OF FAC	житу 495 Ri			
	► KHIVENT	2/-	5	Sh		Bar	ranc	co Fu	nera				k MD 21146
	23. PART I. Enter the dise	eases, or o	complications that	t sused the	e death. Do r	ot enter	the mo	de at du	na suct	as cardiac or mani-	retory an	rest	Approximate
	shock, or hea IMMEDIATE CAUSE (Final	er removed a	List only one cau	is on each	line.	1	1	1	_	. do caratas of respin	atory arr	est,	Interval Between Onset and Death
	disease or condition resulting in death)			10	11.10	- /x	000	Kno					Onset and Death
	resulting in death)		DUE TO	(OR AS A CO	NSEQUENCE OF	7:10	nce	4					
Z	Convention, list one date.		o	(-0	v Hr	1)es	ans.	?				
CERTIFICATION	Sequentially list condition if any, leading to immedia	ate	DUE TO	(OR AS A CO	NSEQUENCE OF	7):							
5	cause. Enter UNDERLYING CAUSE (Disease or injury		DUE TO	/OR 48 4 001	NOTOLITAGE OF								
Ē	that initiated events resulting in deeth) LAST		00E 10	(OH AS A CO	NSEOUENCE OF	-):							
E			s		0	-	1						
	PART II. Other aignificant	conditions	s contributing to	death but n	not resulting I	n/the un	garfring	g cause g	iven in i			24b.	WERE AUTOPSY FINDINGS
MEDICAL			(har	ace	HOW	tec/	yn	uri	sur	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							,				7		1 TES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO I EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATN (Che	ck only one)			
YS	1 TYES 2 TO NO		1 Inpetient 2		nt 3 DOA			e 5 □ Re	aldenca (6 Other (Specify)			
	27. MANNER OF DEATN 1 Natural 5 Pe	ndina	28a. DATE OF (Month, Di		28b. TIM	E OF URY	28c. INJ	URY AT RK?		28d. DESCRIBE HOW IN	JURY OCC	CURED	
B	2 Accident Inv	restigation	20- 21-05-0			М		rES 2	NO				
		uid not be	building,	etc. (Specify)	it home, farm, a	treet, fecto	ory, office			28f. LOCATION (Street at City or Town, State)	nd Number	or Rural R	oute Number,
<u>u</u>	POL CERTIFIER												
COMPLETED	(Check only	L EXAMINER	To the beat of	knowledge	e, death occurre	d at the th	me, date	and place,	and due t	to the cause(a) and man	ver an atet	ed.	
8	1 111	11	on the table of a	pinination and	1/or investigation	n, In my o	pinion, de	enth occur	ed at the t	ime, data end place, and	due to th	e cause(a)	and manner as stated.
BE	296. PICHATURE AND THE E	CENTIGOR	01/2 1	net			9	29c. LICE	NSE NUM	BER	29d. DATI	SIGNED	(Month, Day, Year)
ē.	30. NAME AND ADDRESS OF P	CONT.	your	The same	1		_/_	J.	14	653	1	16	-75
	1200	MISUN WHO	COMPLETEO CAUS	OF OEATN	(ITEM 27) (100,	Print)	/ /	1//	7	1017			
-	31. DATE FILED (Month, Day, Yes	11)	32. REGISTRA	R'S SIGNATUR	IVVI	ior l	1	10		WIL			
	MAR 0 4		Freha Davi	dono- Po	indall								

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

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31. DATE FILED (Month, Day, Year)

MAR 0 4 1993

BALTIMORE, MARYLAND 21215-0020	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plage 6 may be retained by the hospital or attending physics	Supplemental and the face of t
B	hours after	A C. S. L. S.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	aw requires that the death certificate be executed within 24	Section of the sectio
AL	100	1

		4. SOCIAL SECURITY NUMBER 212 20 02 48	5. SEX 6. AC	E (In yrs. lasi birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month/ Day, Year)		BIRTHPLACE (State or Foreign Country)
품			· Q	YRS.				23 /	20
. 2. 3 sho	TOR	9a. FACILITY NAME (If not institution, give s SAMARI RESIDENCE OF DECEDENT	11	AL	0	OR LOCATION OF DE	ATH	BAL	OF DEATH
S S S S S S S S S S S S S S S S S S S	DIRECTOR	10a. STATE 10b. COUNT	Y	Poc. CIT	MOANCE	TION BEAC	- H		10d, INSIDE OTTY LIMITS? 1 YES 2 NO
N. T.	FUNERAL	100. STREET AND NUMBER	BLUD.		10	1. ZIP CODE	062	10g. CITIZEN	OF WHAT COUNTRY?
og physician he burlai-tra	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 YE IF YES, GIVE WAR OF	A IN U.S. ARMED ES 2 NO R DATES	If yes, sp	CENDENT OF HISPAN Decity Cuban, Mexican S 2 NO Specify		es or No- 14	RACE — American Indian, Black, White, etc. Specify: WITH TE
or attending	ETED !	15. DECEDENT'S EDU (Specify only highest grade	completed)		USUAL OCCUPATI work done during made retired.)		16b. KIND OF BU	JSINESS/INDUS	
he hospital detached for gence.	COMPL	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	MER	KHAND		DE	PT. 2	STORE
B E E	BE CC	NORMAN L	ORPAINE	CLARK		GEOR	RE (First, Middle, Maidel	DORR	3
De reta	5	200 RIF H. W.	CLARK	PO 1	ADDRESS (Street	and Number or Rural R	Oute Number, City or To	wn, State, Zip Co DANO Bo	(H. FLA 330
Cloy, 13		20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cometery, crematory or cometery		Gem.	2/27 20c. (DOON - CH	or Town, State ACCU, MD.
death. Page huneral day i. examiner r		21. SIGNATURE OF FUNERAL SERVICE LIC	SENSEE		BAA	ND ADDRESS OF FAC	11 Sauce	Ritch	THE HULL
thin 24 hours after treby filled in by the mation, or removal it, the medical		23. PARTY. Enter the diseeses, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or	sed the desth. Do no each line.	. 1		as cardiec or resp		Onset and De
death certificate be executed within attending physician and complete ental Hyglene prior to burial, creminy, or other traumatic event,	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A. DUE TO (OR A.	S A CONSEQUENCE O	ค: <i>/</i>				
requires that the seen signed by the . of Health and Mi shows any injury	MEDICAL	PART II. Other significant condition Bilateral Tuduced	/\	renia,	Steve	g cause given in i	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
N: The law ficate has t State Dept ftem 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO	HOSPITAL:	4 D 000	OTHER:	LACE OF DEATH (Cho			
PHYSICIAN: The this certificate with the State strked, or item	Y PHYSIC	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJUR (Month, Day, Yes.	ry 286, Till	IE OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
TTENDING TOR: After after deat	TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJU	IRY — At home, farm, pecify)			28f. LOCATION (Street City or Town, State		Rural Route Number,
PITAL OR A ERAL DIREC n 72 hours T: If Itom	COMPLETED		CIAN: To the best of my kn						suse(s) and manner as stated.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificat be filed within 72 hours after death with the Siz IMPORTANT: If Item 28 is marked, or fit	BE	296. SIGNATURE AND TITLE OF CERTIFIER		mn		29c. LICENSE NUM	BER		GNED (Month, Day, Year)
≒ ≒ ₽ ₹	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	1100	3/0	. 00	122/75

5601

Julia Davidson-Bondese

32. REGISTRAR'S SIGNATURE

hoch

CERTIFICATE OF DEATH

lock

2. DATE OF DEATH MONTH

2

93 07058 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH YEAR 73 8:50 PH 8. BIRTHPLACE (State or Foreign Country) 7/23 BALTIMERS CITY 10d, INSIDE OTTY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.5 14. RACE — American Indian, Black. White, etc. ND OF BUSINESS/INDUSTRY DEPT. MORRIS City or Town, State, Zip Code) FLA 33002 WOODLAWN, MD 95 RITCHIE HUY Approximate Interval Between Onset and Death 3 month 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? A. WAS AN AUTOPSY PERFORMED? TYES 2 NO 1 | YES 2 10 BE HOW INJURY OCCURED ON (Street and Number or Rural Route Number, lown, State) s) and manner as stated.

DHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		NENTAL HYGIENI REG. NO.	E	31033
	1. DECEDENT'S NAME (First, Middle, Lest)			O/11 E O1	JUNIO	2. DATE OF DEATH		3. TIME OF DEATH
	James Robert Cart	er				MONTH DA	1993	10:30 pM
	4, SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRTI	HPLACE (State or Foreign
	213-01-5576	1 XM 2 □ F 75	YRS.	MONTHS DAYS	HOURS MIN.	8-10-1917	Me	ryland
_	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNTY OF D	
8	1557 Fridinger Mi	11 Rd.		Westm	inster		Carr	ווסי
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10- 077	, TOWN OR LOCAL	701			10-20
DIRECTOR		rroll	loc. Giri	Westm:				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF 1	1 TYES 2 NO
FUNERAL	1557 Fridinger	Mill Rd.			21157			S.A.
3		12. WAS DECEDENT, EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No- 14. RAC	E - American Indian,
	1 Newer Married 2 Married	FORCES? 1. YES			ecify Cuban, Maxican 2 NO Specify:		Biac	k, White, etc.
ĕ	3 Widowed 4 Divorced	WW	II					"White
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade o	NTION completed)	16a. DECEDENT'S (Give kind of w	ork done during mo	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY	
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5+)	Main	tenance		E	Mectrica	al
<u> </u>	17. FATHER'S NAME (First, Middle, Lest)				40 1407117010 1141			
	James Edwar	rd Carter				E (First, Middle, Maiden : rah Whitmo	,	
BE	19a. INFORMANT'S NAME (Type/Print)	d dar der	19b. MAILING	AOORESS (Street a		oute Number, City or Town		
임	Helen E. Carter					Rd., Westmi		id. 21157
	20a. METHOD OF DISPOSITION 14. Burlal 2 Cremation 3 Remov	201	PLACE AND DATE O		me of	OATE 20c. LOC	CATION — City or To	own, State
	4 Donation 5 Other (Specify)		netery, cremetory or ot rergreen	Mem. Gar	dens 03/	06/93 Fink	sburg. 1	/ld
	21. BIGNATURE OF FUNERAL SERVICE LICE			22. NAME AI	D ADDRESS OF FAC			21117
	NH Zahl	rand				-		Mills, Md.
	23. PART I. Entar the diseases, or co	emplications that cause	d the death. Do n					Approximata
	shock, or heart failure. Li iMMEDIATE CAUSE (Final	ist Dnly ona cause Dn a	ach lina.					Intarval Between Onsat and Daath
	disease or condition resulting in death)	Athere	coler	ocin	Con	orian		
	a,	OUE TO (OR AS /	CONSEQUENCE OF):	+	7:0	1	
z I	Sequentially list conditions, b.	orten	-	sease	, W	euly la	les	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS)A	CONSEQUENCE OF): 	Ou a D	00144		
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF) rue	, may	18000		
	resulting in death) LAST	m dia	and la	lus				İ
뜅	0.	.70-0	A			1		
⋠╽	PART II. Other significant conditions	contributing to death b	out not asulting in	n tha undarlying	g cause given in F	Part I. 24e. WAS AN / PERFOR		. WERE AUTOPSY FINGINGS AWAILABLE PRIOR TO
MEDIC						1 [] YES 2	Dyro	COMPLETION OF CAUSE DF DEATH?
						Throwson the Control of the Control		1 - YES 2 - 40
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
ᄗ	EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Che			
<u>"</u>	1 YES 2 NO	1 Inpatient 2 SEA/Outs 28s. DATE OF INJURY	28b, TIME		e 5 Caaldence (28d. DESCRIBE HOW IN	I KIRW OCCUPED	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	JRY WC	RK?	200. DESCRIBE HOW IN	JOHT OCCURED	
BY	2 Accident investigation 3 Suicide 6 Could get be	28e. PLACE OF INJURY	/ — At home, farm, s			26f. LOCATION (Street a	nd Number or Rural	Route Number,
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Spec	cf(y)			City or Town, State)		
ן ב	29a. CERTIFIER Check only	IAN: To the best of my know	ledge, death occurre	d at the time, date	and piece, and due t	to the cause(a) and man	ner se steted	
E		On the besia of examination						a) and manner as stated.
	296. SIGNATURE AND THE OF CERTIFIER				29c. LICENSE NUM		29d. DATE SIGNE	
) BE	Kharf per	MP			1)38	915	· 3/	4/93
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE				4 0	1	Aurila.
	trel	ال	800	542	WA	KC KC	1 cle	1 mingel
	31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIGN	ATHERNAL					-17
	1991 J JU	Ø						

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P	this certificate has been signed by the attending physician and completely filled in by the funeral

31. DATE FILED (Month, Day, Year)
MAR 05 93

									9:	3 07060	
	1 - FOR STATE REGISTRAR	STATE OF MARY		PARTMEN FIFICAT				MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME OF DEATH	_
	STE PHEN P.	CADDO						MONTH DA		YEAR	
		CARBO						MARCH 4.1		10:55a.m.	N
		5. SEX 6. AGI	E (In yrs. lest birth	MONTHS	DAYS	HOURS	,	7. DATE OF BIRTH (Month, Day, Year)	1	8. BIRTHPLACE (State or Foreign Country)	
1 7	200-56-1366	1 🔀 M 2 🗌 F	29 Y	RS.	DAYS	HOURS	MIN.	12-14-196	3	PA	
	9a. FACILITY NAME (If not institution, give street	et and number)		9b, CIT	Y. TOWN	OR LOCATI	ON OF DE	ATH	9c. COUN	TY OF DEATH	_
œ .	THE TOUNG HODIETHE	HOCDITAL									
DIRECTOR	THE JOHNS HOPKINS	HUSPITAL		BAL	.TIMC	IKE	CITY		BALT	IMORE CITY	
F C	10a. STATE 10b. COUNTY		100	c. CITY, TOWN	OBTOCA	TION				10d, INSIDE CITY	_
	DA G	1 4								LIMITS?	
		hester			wes	t Ch	este	r		1 YES 2 X NO	
4	10e. STREET AND NUMBER				10	f. ZIP CODI	E		10g. CITIZ	EN OF WHAT COUNTRY?	П
FUNERAL	707 Brookhill Ro	ad					1938	30	ŀ	USA	
3	11. MARITAL STATUS	2. WAS DECEDENT EVER		13	. WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. BACE — American Indian.	_
	1 Never Married 2 🔀 Married	FORCES? 1 YES			Il yes, sp	ecify Cubs	ın, Mexicai	n, Puerto Rican, etc.)		 RACE — American Indian, Black, White, etc. 	
B	3 Widowed 4 Divorced	IF TES, GIVE WAN ON	DATES	_	1 U YES	2 X NO	Specify	r		Specify: White	
	15. DECEDENT'S EDUCA	TION	Two DECEDE	ENT'S USUAL (000110171	-					_
	(Specify only highest grade co		(Give kin	nd of work done OT use retired.	during me	ost of working	ng	16b. KIND OF BUS	SINESS/IND	USTRY	
1 5	Elementary/Secondary (0-12)	College (1-4 or 5+)									
₩ .		1	Polic	e Off	icer			Law E	nforc	ement	
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTI	HER'S NAI	ME (First, Middle, Maiden	Sumame)		
	Samuel D. Ca	rbo]]	loser	hine Giun	ta		
BE	19a. INFORMANT'S NAME (Type/Print)	2.00	10h MA	H ING ADDRES	es (Stene)			Route Number, City or Tow		0-4-1	_
2	California in the case of the case	_									
	Mrs. Lisa A. Carb	0	707	Broo	Kniii	Ra.	, W	est Cheste			_
	20a. METHOD OF DISPOSITION 1 ☑ Burlai 2 ☐ Cremation 3 ☐ Remove	al from State	Ob. PLACE AND D	ATE OF DISPO	SITION (No	ame of			CATION — C	Sty or Town, State	
3	4 Donation 5 Other (Specify)		ot. Jose	ephs	Cem	etery	Ţ	3/9 Dow	ningt	town, PA	
	21. SIGNATURE OF FUNERAL SERVICE LICES	ISEE				ND ADDRES		CILITY			_
	Nielus &	0		l I	Mitch	ell-S	Smith	Funeral	Home	, P.A.	
		2000 A				e de				3-3197	
	23. PART i. Enter the diseases, or cor shock, or heert failure. Lis	mplications that caus	ed the death.	Do not ente	r the mo	de of dyl	ing, such	h as cerdlec or reepi	ratory arre		
	IMMEDIATE CAUSE (Final	st only one ceuse on	each line.							Interval Between Onset end Dea	
		DAGI 2NO	MALIA							0.12010:	7
	resulting in death) a	PNEUM DUE TO (OR AS	A CONSEQUEN	CE OD:						7/2017.	<u>ں</u>
	To the state of th									- 11-26-	_
CERTIFICATION	Sequentially list conditions. b.	GRAFT VI	ERSUS	4051 C	DISER	ase 1	OF L	IVER AND	GU	1 112543	>
Ĕ										1001	
3	CAUSE (Disease or injury	ALLOGICA DUE TO (OR AS	VIC BE	ONEH	ARRO	2W 11	RAN	SPLANT		11 19642	2
E											
E	resulting in death) LAST	CHRONIC	MYE	LOID	LE	UKEI	MIA	- 1		12/91	
S	Ma									1 / 11	_
4	PART ii. Other significent conditione	contributing to desth	but not recult	ting in the u	nderlyin	g cause (given in			24b. WERE AUTOPSY FINDING	38
MEDICAL								PEAFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	3 m									OF DEATH?	
	Tw.									1 TES 2 NO	
PHYSICIAN:											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF D	EATH (Che	eck only one)			
S		Inpatient 2 ER/Ou	rtpatient 3 🗆 D	OA 4 Nu		ne 5 🗆 Re	esidence	6 Other (Specify)			
1	27. MANNER OF DEATH	28a. DATE OF INJURY		. TIME OF	28c. IN.	URY AT	T	28d. DEŞCRIBE HOW I	NJURY OCC	URED	_
	Natural 5 Pending	(Month, Day, Year)		INJURY	1 🗆	ORK? YES 2	NO.				
B	2 Accident Investigation	200. PLACE OF INJUI	Y . At home to	arm atract to				001 1 001T1011 (0- ·	- 4 64 5		_
	4 Homicide 8 Could not be	building, etc. (Sp	ecify)		ctory, orne			281. LOCATION (Street e City or Town, State)	ina Number (or nural noute number,	
L	2										
7	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my kno	wiedge, death o	courred at the	time, date	end place.	, end due	to the cause(s) and mar	nner as state	od,	
COMPLET										cause(e) end manner as stated.	
8				- ,							
BE	296. SIGNATURE AND TITLE OF CERTIFIER	10	40 -			29c. LICE	ENSE NUM	IBER	29d. DATE	SIGNED (Month, Day, Year)	
0	Karena S.	Carero	H.D	4		D	413	542	▶ 3	314193	
IF	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED ONLINE OF			VAD	40414				1	-

So. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) KARUNA S. KONERU

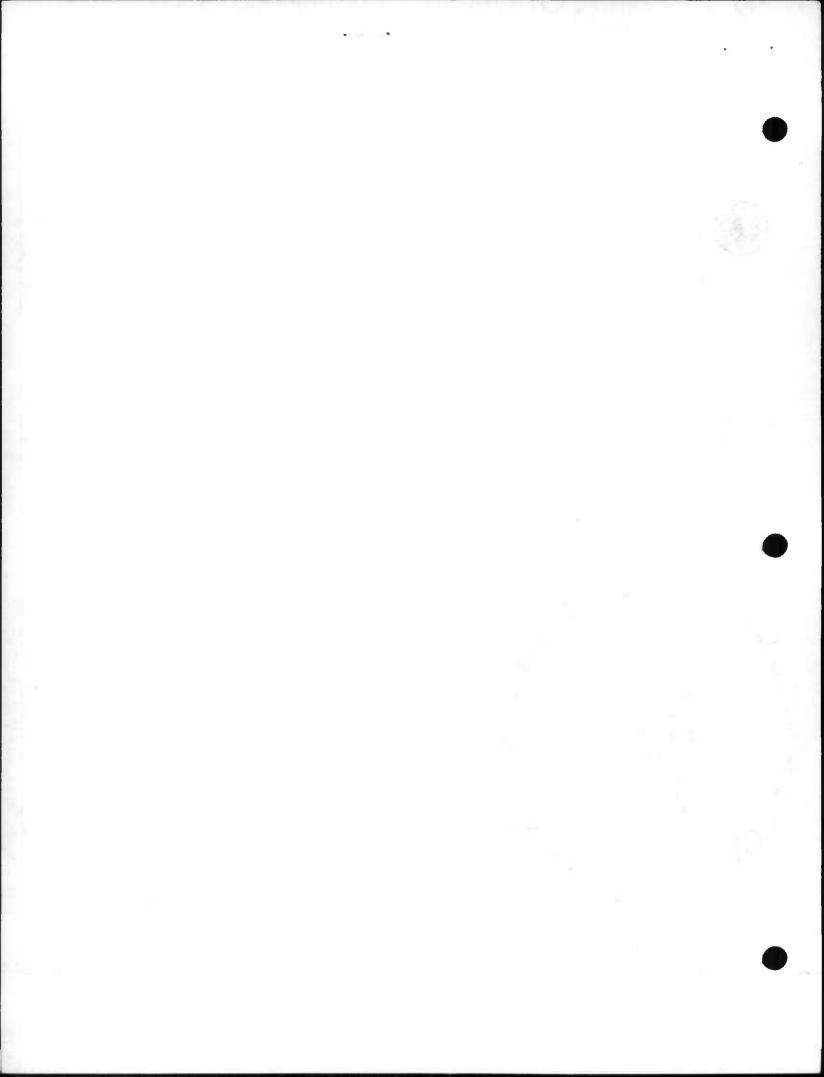
JOHN HOPKINS HOSPITAL, 600 N 11) OI FF CT DA. T.

SPITAL, 600 N WOLFE ST.

32. REDISTRANCE SIGNATURE PRINTERS.

BALTIMOR

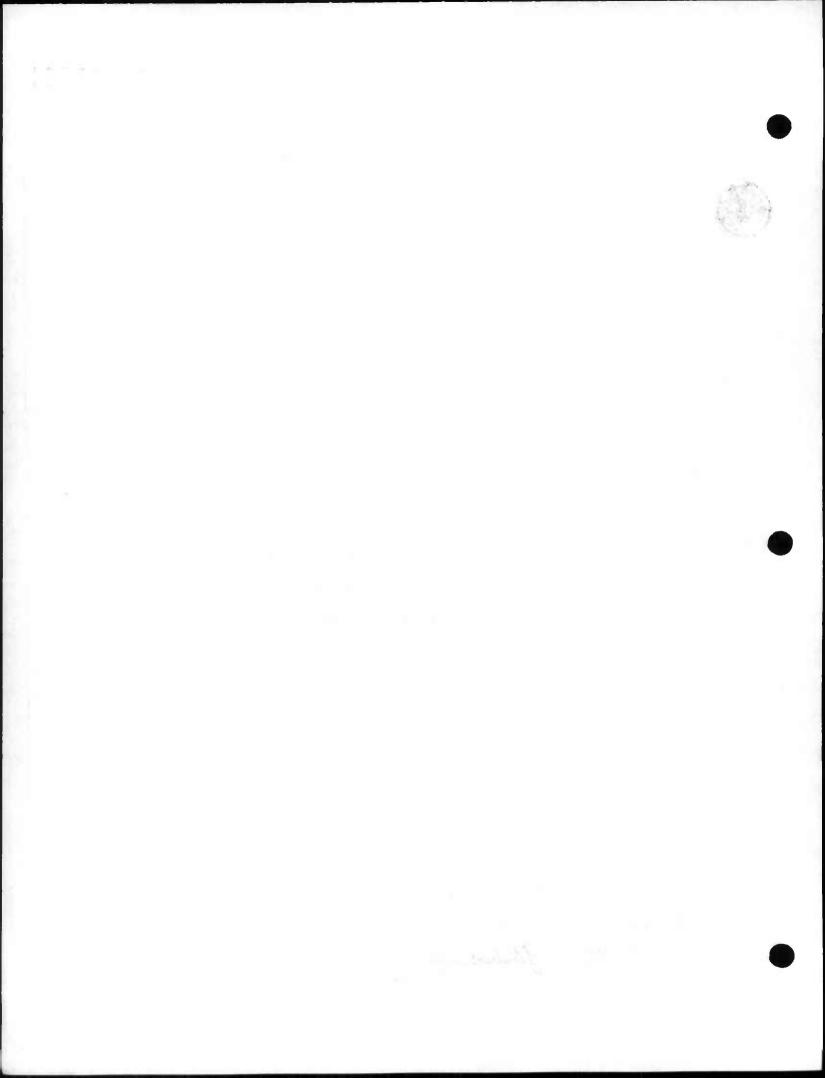
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	mit.	S PURPOS MUNICIPALITY
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. However, hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Hem 28 is morted as litera 29 shours and injury as other household account the modified and in the second of the s
OF VITAL RE	PHYSICIAN: The law requir this certificate has been si with the State Dept. of He	what or item 22 about
DIVISION	L OR ATTENDING DIRECTOR: After hours after death	item 28 ie mai

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Is TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State De IMPORTANT: If Item 28 is marked, or item 2

_	REGISTRAR				CE	KIIF	ICATE ()F DI	EATH		RE	G. NO.					
	1. DECEDENT'S NAME (First, Mi	iddle, Last)								2. 0	DATE OF DE	ATH			3. TIME OF D	EATH	-
	В	BERTH	A JOHNS	SON	DWA	YER					ionth EBRUA	DV DV		YEAR	11:00	D	м
	4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. lest be		IF UNDER 1 YE	AR #	UNDER 24 HRS	7. 0	ATE OF BIF	TH	24,13		HPLACE (State or	200	_
	216-44-4261		1 □ M 2 👽 F	87	7	YRS.	MONTHS DA	rs HO	URS MIN		Month, Day,		005	Count	H CAROI		
	9a. FACILITY NAME (If not institu	ution, give s	treet and number)				9b. CITY, TO	WN OR LO	CATION OF		DIVE I	791	9c. COU	_		INA	_
Œ.	MERIDIAN NUR																
	RESIDENCE OF DECE	DENT	поме				SILV	ik S	PRING				MC)NTG	OMERY		
DIRECTOR	10a. STATE 10	b. COUNTY				10c. CIT	r, TOWN OR L	CATION							10d. INSIDE C	ITY	_
=	MARYLAND	MON	NTGOMERY			STI	LVER S	PRTN	C						LIMITS?	□ MO	
A	10e. STREET AND NUMBER						JV DIC D	10f. ZIP		_			10g, CITI	ZEN OF 1	WHAT COUNTRY		-
FUNERAL	3277 BEL PRE	ROAD						2	0906				.5111				
3	11. MARITAL STATUS	KOILD	12. WAS DECEDEN	T EVER IN	V U.S. ARME	D	13. WAS		NT OF HIS	PANIC OF	DICINO (Co.	olfu Mon	as No.	USA			_
	1 Never Married 2 Ma		FORCES? 1 IF YES, GIVE W	YES	2X NO		If yes	, specify	Cuban, Mex	Ican, Pue	erto Rican,	etc.)	OI NO.		E — American Ir k, White, atc.	idian,	
ВУ	3 Widowed 4 Divorced	d	. ,	All Oll Dr	AILS		''	1E2 50	NO Spe	idily:				Spec WHI'			
COMPLETED	15. DECEDE (Specify only hig	ENT'S EDUC	CATION		18a. DECE	OENT'S	USUAL OCCUP	ATION			16b, KIND	OF BUS	INESS/IND		IE		_
Ē	Elementary/Secondary (0-12)		College (1-4 or 5+	,	life. Do	NOT us	rork done during e retired.)	most of	vorking								
AP.			5+		ATTO	RNEY	7				т.	R.S					
Ö	17. FATHER'S NAME (First, Middle	e, Last)						18,	MOTHER'S	NAME (FI						_	-
ш	JOSEPH	н.	JOHNS	ON					GEORG	ТΔ		НΔ	MPTON	J			
B	19a. INFORMANT'S NAME (Type/	(Print)		O Z I	19b. M	AILING	ADDRESS (Str				Number City						-
2	JOHN C.	TF	RACEY												LAND 20	0001	
	20a. METHOD OF DISPOSITION			20b.			FDISPOSITION						CATION (1901	-
	1 N Burial 2 Cremation 4 Donation 5 Other (Spi	3 X Ramo	oval from State	ceme	etery, cremet	tory or of	CEME			1					S.C.		
	21. SIGNATURE OF FUNERAL SI	ERVICE LIC	ENSEL	^	COVE	TTL	22. NAM	AND AD	DRESS OF	FACILITY	,						_
	tow		K	()			FRAN	CIS	J. C	OLLI	INS F	UNE:	RAL H	IOME	, INC.		
	Juli	ace	and the	X			500	UNI	VERSI	TY E	BLVD.	,W.	SIL.	SPR	.,MD209	01	
	23. PART I. Enter the diseasehock, or heart	asea, or c t fallure. I	omplications that list only one caus	causad se on es	tha death	n. Do n	ot anter tha	moda o	f dying, a	uch as	cerdiac or	reapii	retory arre	eat,	ApproxI		
- 1	IMMEDIATE CAUSE (Final			1	0		1 1									Between nd Daath	
	disease or condition reaulting in death)		1	0	unce	7 8	t Th	e Bo	reas	t							
			DUE TO	OR AS A	CONSEQUE	NCE OF	F Th Heazy	0	0								-
8	Sequentially list conditions		C	one	estin	re	Heazy	Fa	ilu	e							
Ĕ	If any, laading to immediat	a	DUE TO (OR AS A	CONSEQUE	NCE OF): 0		0								
일	CAUSE (Diseese or injury	< .		Cay	die	0 1/0	untra	24	WVI	es	5						
Ë	that initiated evenis resulting in death) LAST		DUE TO (OR AS A	CONSEQUE	NCE OF):	U									
CERTIFICATION			·														
	PART II. Other aignificant of	condition	contributing to	daath bu	ut noi resu	ulting in	the Underl	/Ing cau	sa givan i	n Part I	24n W	AS AN	WTOPSY	245	WERE AUTOPSY	ENIDINGS	\dashv
EDICAL									g			ERFOR		240.	AVAILABLE PRIO	IR TO	1
											1 🗆 '	YES 2	□ NO		OF DEATH?	CAUSE	١
Σ															1 YES 2	NO	1
PHYSICIAN:	25. WAS CASE REFERRED TO ME	EDICAL															
O I	EXAMINER?		HOSPITAL:				OTHER:	PLACE (OF DEATH (Check only	y one)						1
ĭ.	1 YES 2 NO		1 Inpatient 2 I			AOO	4 Nursing I	oma 5	Raaldence	6 🗆 0	Other (Specia	(y)					
古	1 Natural 5 Pend	dion	28a. DATE OF I (Month, Day		26	6b. TIME INJU	OF 28c.	INJURY A WORK?	т	28d.	DESCRIBE	HOW IN	JURY OCC	UREO			7
E I	2 Accident Inves	stigation						-	2 NO								ı
8		ld not be	26a. PLACE OF building, e	INJURY -	— At home,	form, at	reet, factory, o	Hica		28f. 1	OCATION (Street ar State)	nd Number o	or Rural R	loute Number,		1
																	ı
COMPL	(Check only	NG PHYSIC	IAN: To the best of n	ny knowle	edge, death	occurred	f at the time, d	ata and p	laca, and de	e to the	cause(s) ar	nd menr	ter as state	d.			1
9	one) 2 MEDICAL	EXAMINER	On the basis of axi	mination	and/or Inve	stigation	, in my opinio	, death o	ccured at th	e time, d	data and pla	ce, and	due to the	cause(s)	and menner as	stated.	ı
	29b. SIGNATURE AND TITLE OF								LICENSE N						(Month, Day, Year		4
BE	CIL	ghal	AR am	10>	7			1	42	A	21		DAIL	2 /	I DOY, YOU	''	
2	30. NAME AND ADDRESS OF PE	RSON WHO	COMPLETED CAUSE	E OF DEA	TH (ITEM 27) (Type	Print)	1 4	2 1 3	2.10	10		_	01	1193		1
ł	Mortamina	DA						BUY.	#2.	16	DOG:-	, , , ,		n c -	,		
-	31. DATE FILED (Month, Day, Year)	- V /	32 REGISTRAN	TE SIGNA	TURE	TOTAL.	DOLPH	NUAL	, 1t Z.	10,	KUUK	/ LLI	ъ. М	D 20	1852		1
	MAR 02 '03	}	Lutin Ko	i.l	Bode	50											
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															DHMH-	16 Ray 1/8	9



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FOR STATE REGISTRAR

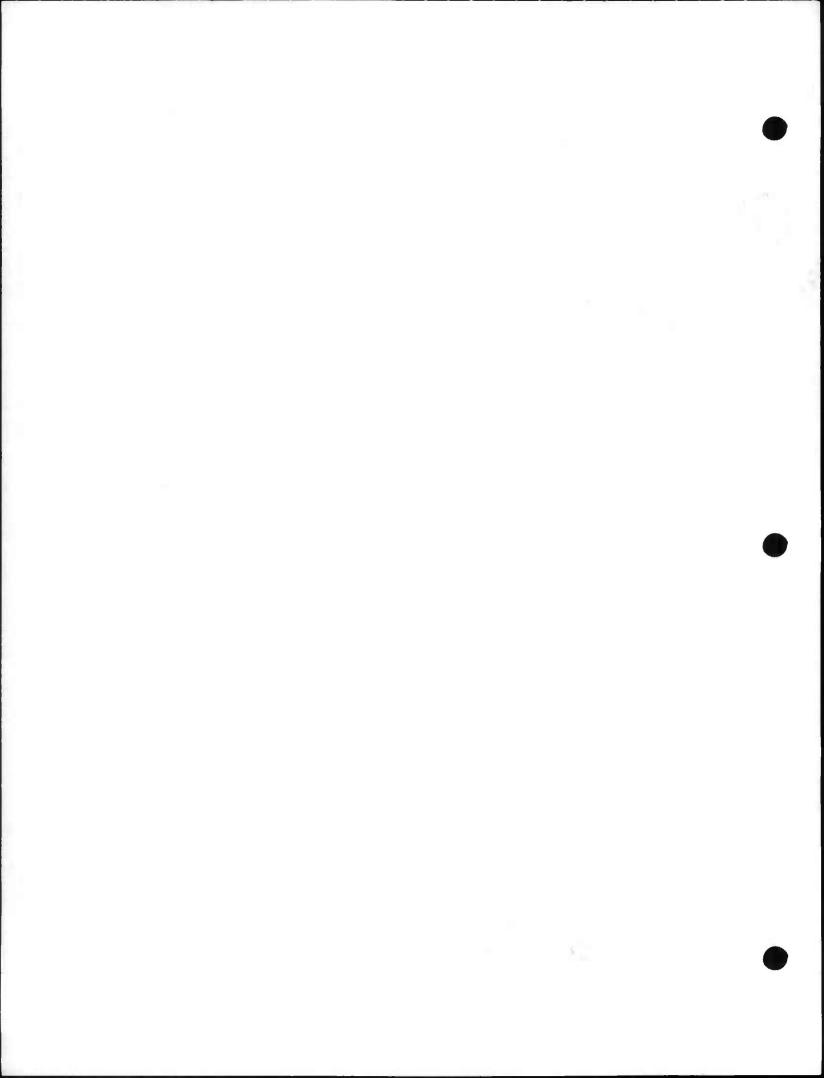
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)												2. DATE OF DEATH 3. TIME OF DEATH			
1	MAUDE ESSI	E DAVI	S								MARCH	D/	1993	YEAR	4:00A M
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In	yrs. last birt	thday) F	UNDER 1 Y	EAR	IF UNDER	24 HRS.	7. DATE OF I	HTRIE	1993	8. BIRTHPLACE (State or Foreign	
	490-68-9508		1 🗌 M 2 💹 F	105	5 1	- "		AYS	HOURS	MIN.	(Month, De	ly, Year)	1000	Count	(Y)
	9a. FACILITY NAME (If not in:		treet and number)	105	3	9b.	CITY, TO	WN Q	R LOCATI	ON OF DE	MARCH	3,		MIS:	SOURI
E	CTDCT E MANO	D MIIDS	TMC HOVE			"									
5	CIRCLE MANO		ING HOME				KENSINGTON MONTGOMERY							MERY	
DIRECTOR	10a. STATE	10b. COUNTY			10	Oc. CITY, TO	WN QR I	.OCAT	ION						10d. INSIDE CITY LIMITS?
	MARYLAND	MONTG	OMERY			BETH	ESDA								1 YES 2 X NO
FUNERAL	100, STREET AND NUMBER					10f, ZIP CODE						10g. CIT	IZEN OF V	WHAT COUNTRY?	
5	5015 BATTER	Y LANE	#206			20814						UNITED ST			STATES
5	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1	T EVER IN U	U.S. ARMED	0					IIC ORIGIN? (S		or No-	14. RACI	E — American Indian, k, White, atc.
BY	1 Never Married 2 3 Never Married 2 Divo		IF YES, GIVE Y						2XXNO			.,		Spec	tty:
		EDENT'S EDUC	PATION	1.	Ma DEGE	ENTIN ***	AL OCC	DATE:	NA.	_	1.00				WHITE
COMPLETED	(Specify only	highest grade	completed)		(Give in life, Do	CENT'S USU kind of work NOT use ret	ML OCCU done duri fred.)	ng mos	m st of workin	ng	16b. KJA	O OF BUS	HNESS/IN	DUSTRY	
1	Elementary/Secondary (0	-12)	College (1-4 or 5	+)									OME		
MC	17. FATHER'S NAME (First, M)	iddle, Leati			HOME	MAKEI	7		10 8407	HEDIC NA	ME (First, Midd	WN H			
	SOLOMON WOO											no, MEXCEN	ournarie)		
8	19a. INFORMANT'S NAME (7)				19b. M	AILING AD	DRESS /S	traint c			E FORT	The or Ter-	State 7	Cords)	
2	ALICE V. LE											•		,	UT AND COCT
	20a. METHOD OF DISPOSITI	ON		20h B	PLACE AND	DATE OF DI	SPOSITIO	N (No	med -	Σ, ₩.	206, B	1			YLAND 20814
	1 Donation 8 Other		oval from State	cemete	ery, cremato	ory or other p	CRF	MΔη	3/	/3/9: тм	INC				
	21. SIGNATURE OF FUNERAL	211200	GOMERY CREMATORIUM, INC. BETHESDA, MARYLAND 22. NAME AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME (PERSONNEL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL PROPERSON AND ADDRESS OF FACILITY ROBERT A. PUMPHREY PUMP									TORY ENGINEERS			
	PX	1999	0000	I HOM	ピノヒ	3 ETH I	:SDA:	-CHEVY	CHAS	SE .	INC.	/55/			
-	n mar	ec.	eny	,		0803	WIS	CON	ISIN	AVE	NUE, B	ETHE:	SDA,	MARY	YLAND 20814
	23. PART I. Enter the di shock, or he	seases, or c part fallure. I	complications that List only one case	E caused t	tne death. ch line.	. Do not e	enter the	mod	de of dy	ing, suc	h as cardiac	or respi	ratory ar	rest,	Approximate interval Between
	disease or condition											Onset and Death			
	resulting in death) a. CARCINOMA OF UTERUS										6 MONTHS				
	DUE TO (OR AS A CONSEQUENCE OF):														
NO I	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											-			
CERTIFICATION	if any, leading to immed cause. Enter UNDERLY!									İ					
띮	CAUSE (Disease or inju- that initiated events	y 1 °	DUE TO	(OR AS A C	CONSEQUEN	QUENCE OF):								<u> </u>	
E	resulting in death) LAST										!				
	DART N. Oats - 1-12			1000	7/1 49*		21 100								
MEDICAL	PART II. Other significa		s contributing to	death but	not resu	iiting in th	ne unde	rlylng	cause	given in	Part i. 24	PERFOR		24b	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă	BREAST CA	NCER									1	YES 2	M MO		COMPLETION OF CAUSE OF DEATH?
ME											_				1 TES 2 NO
ž I															
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OT	HER:	26. PL	ACE OF D	EATH (Ch	ack only one)				
YS	1 TYES 2 X NO		1 Inpatient 2			DOA 4X	Nursing			sidence	8 Other (Sp				
F	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D		28	Bb. TIME OF INJURY		WO	URY AT RK?		28d. DEŞCRI	BE HOW II	NJURY OC	CURED	
B	2 Accident	nvestigation							'ES 2 [] HO					
		Could not be determined	28e. PLACE O building,	otc. (Specify	Al home,	farm, street	t, factory,	office			281. LOCATIO	N (Street a	nd Numbe	r or Rural I	Route Number,
Ē,								_							
린			CIAN: To the best of												
COMPLETE	2 MEDI	CAL EXAMINES	R: On the basis of	xamination a	and/or inves	stigation, In	my opini	ion, de	eath occur	red at the	time, date and	place, an	d due to ti	ne cause(i	a) and menner as stated.
BEC	290. SIGNATURE AND TITLE	OF CENTIFIER	. //						296. LICE	ENSE NU	юся		29d. DAT	E SIGNED	(Month, Day, Year)
ဦ	HIL	rope	flow	M	-D.				D09	834		MARCH			3, 1993
۽ آ	30. NAME AND ADDRESS OF			SE OF DEAT	H (ITEM 27) (Type, Prin	O)		-		-				
	BARRY ROSE			720 F.	ARRAC	GUT A	VENU	JE,	KEN	SING	TON, M	<u>IARY</u> I	AND	208	95
	31. DATE FILED (Month, Day,		32. REGISTRA	B'E SIGNAT	TURE	L. 22									
31. DATE FILED (MONTH, Day, Year) MAR 05 93 32. REGISTRARIS SIGNATURE Funda Davidon Registra															

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

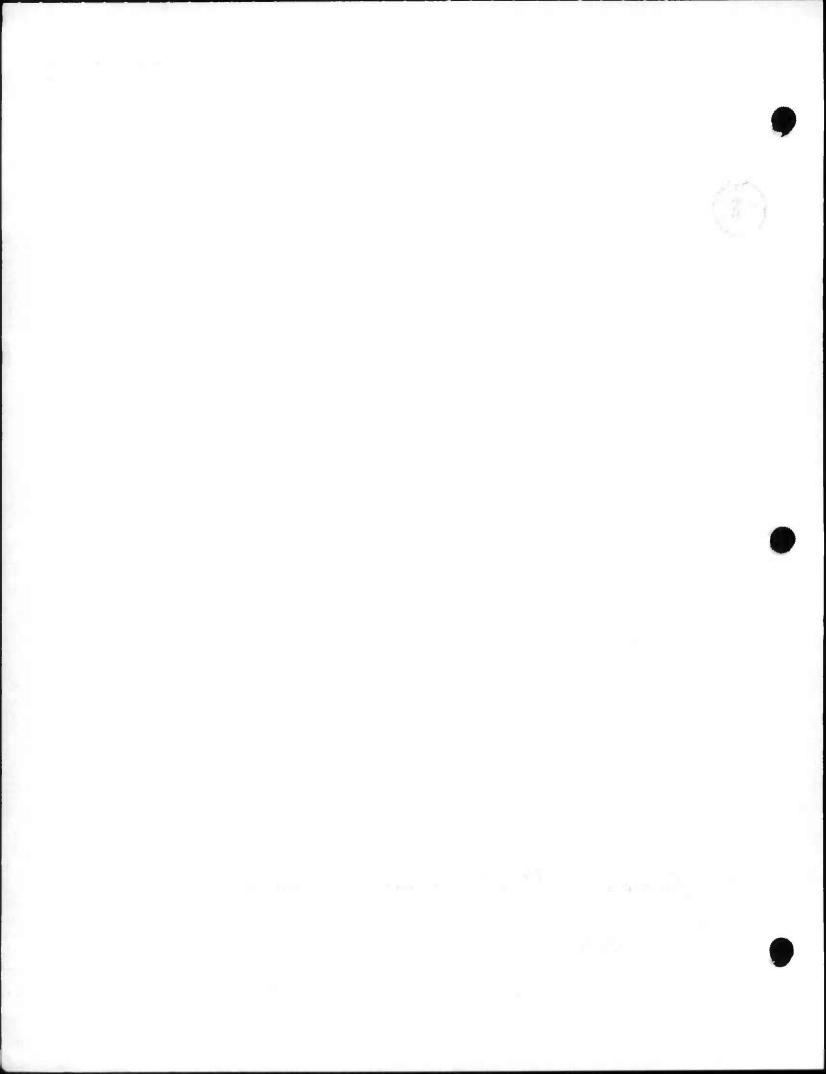


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detried within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or nemoval.	The state of the s
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E H	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funk he filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or nemoval,	-
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93	07063
Middle, Last)	Docekal	2. DATE OF OEATH MONTH DAY Feb. 23,	1993 ^{YEAR}	3. TIME OF DEATN 11:40 A

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA	RTMENT OF I	HEALTH AND MI	ENTAL HYGIEN	E	0 1003				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OFATH		3. TIME OF DEATN				
	Emma	D	ocekal			Feb. 23	1993	11:40 A M				
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)			7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign				
	357-28-0549	1 🗆 M 2 😾 F	98 YRS.	MONTHS DAYS	HOURS MIN.	June 8,18	394 (Czechoslovakia				
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF DEAT			OF DEATN				
H	10825 South Gler			Potom	ac		Mo	ntgomery				
DIRE	MD 10a. STATE 10b. COUNT MO	tgomery	10c. Cl	Potomac	TION		10d. INSIDE CITY LIMITS? 1 \(\sum_{\text{VES}} 2 \sum_{\text{NO}} \text{NO} \)					
FUNERAL	10e. STREET AND NUMBER 10825 South Glen	Road		10	1. ZIP CODE 20854		USA					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	CENDENT OF NISPANIC	ORIGIN? (Specify Yes	or None 14	. RACE — American Indian,				
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuban, Mexican, I	Puerto Rican, etc.)		Black, White, atc.				
ВУ	3 X Widowed 4 Divorced			1 10123	a gg No Specify.		Specify: White					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	USUAL OCCUPATION	ON set of working	16b. KIND OF BUS	SINESS/INDUS	TRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	ise retired.)	or working							
₹	8		Homen	naker		Own I	lome					
응	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAME	(First, Middle, Maiden	Sumame)					
B	Frantisek Sipek					Brichtova						
<u>P</u>	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Rou							
	Helen D. Morris		1082	25 South	Glen Rd.,	Potomac,	otomac, MD 20854					
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 🂢 Cremation 3 ☐ Rem		b. PLACE AND OATE					or Town, State				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Mt. Comfo				exand	ria, VA				
	an signature of Forenae Service El	J 1. A		Joset	oh Gawler	π s Sons.]	Inc.					
- 1	Muchael	E. hel	ton	5130	Wisconsin	Ave, NW,	Vashing	gton,DC 20016				
	IMMEDIATE CAUSE (Finsi	List only one ceuse on	Approximate the mode of dying, such as cardiac or respiratory street, on each line. Approximate the mode of dying, such as cardiac or respiratory street, interval E Oriset and As a consequence of:									
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
¥	If eny, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disesse or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST	d.										
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
NA I	PART II. Other significant condition	is contributing to death	but not resulting	in the underlying	g ceuse given in Pa	rt i. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO				
PHYSICIAN: MEDIC						_ 1 _ YES 2	¥ NO	COMPLETION OF CAUSE OF DEATN?				
ž						_		1 YES 2 NO				
ä												
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (Check	only one)						
Ιχs	1 YES 2 NO	1 Inpatient 2 ER/Out		4 - Nursing Hom	e 5 X Residence 8							
	1 K Natural 5 Pending	(Month, Day, Year)	28b. TIM	JURY WO	RK?	Bd. OESCRIBE HOW IN	JURY OCCUR	ED				
à	2 Accident Investigation	280 DI ACE OF IN HIS	Y 411-		res 2 No							
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	26	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
ווי	29a. CERTIFIER (Check only 1 🔀 CERTIFYING PHYSIC	CIAN: To the beat of my know	viedge, death occurs	ed at the time date	and place, and due to	the course(c) and						
N N	one) 2 MEDICAL EXAMINE	R: On the beals of examination	on and/or investigation	on, in my opinion. de	eath occured at the time	e, date and place and	ner an stated, I due to the or	iuse(a) and menner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER		. 1	J. F. S. S. S. S. S. S. S. S. S. S. S. S. S.			-					
8	Downsh	Show	Um O	ma	29c. LICENSE NUMBE	7	29d. DATE SI	GNEO (Month, Day, Year)				
임	36. NAME AND AOORESS OF PERSON WHO	O COMPLETED CAUSE OF THE	FATH (ITEM 27) (5	Print)	D 3801	2	Fel	23, 1993				
	Hanadi Shamkhani				Chevy Cha	ase, MD	20815					
	31. DATE FILED (Month, Day, Year)											



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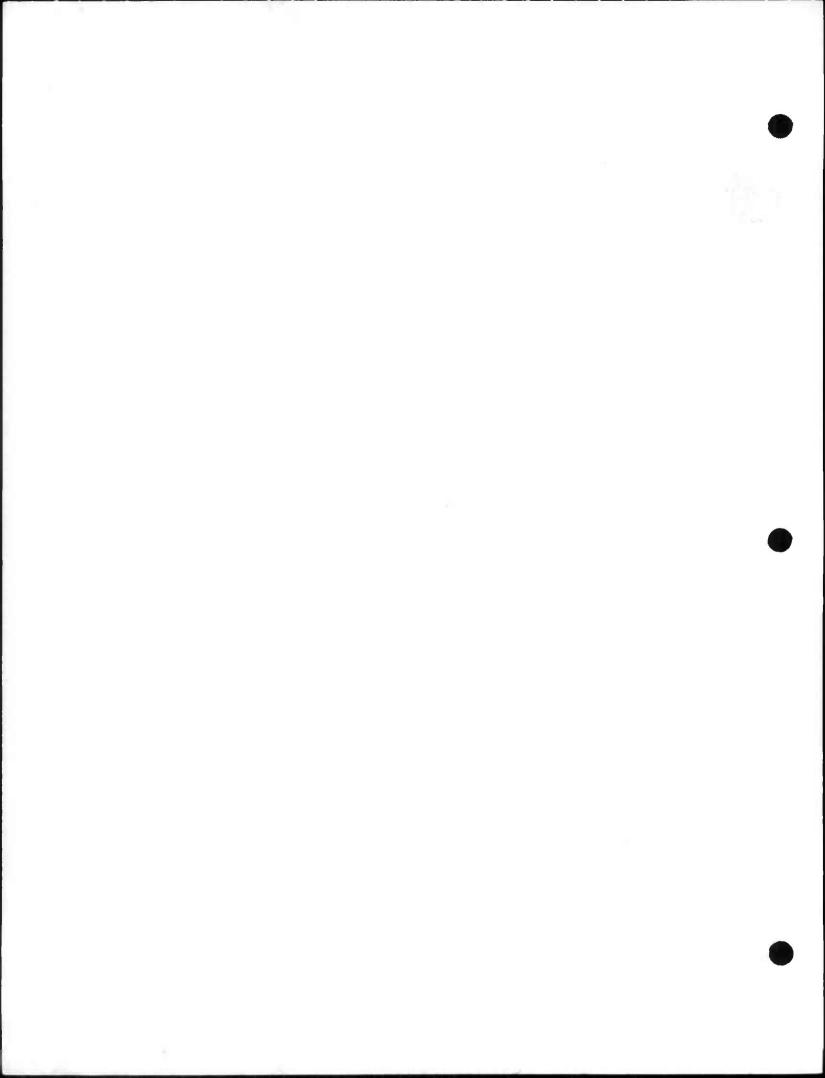
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burinities be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - REGISTRAR		CE	RTIF	ICATE		DEATH		REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH		- 00	3. TIME OF OEATH		
	EDWIN	н.	DUCK					MONT	H D/	993	YEAR			
1			6. AGE (In yrs. last	foliatio along	IF UNDER 1 Y	v. 10	IF UNDER 24 HRS.		OF BIRTH	993		11:45 A M		
		MONTHS DAYS HOURS MIN.						(Mont	h, Day, Year)		Counti			
		43.	83	THS.				Feb. 11, 1910 C				0		
_	9e. FACILITY NAME (If not institution, give street	et and number)			9b. CITY, T	OWN O	R LOCATION OF D	EATH		9c. COU	NTY OF D	EATH		
0	Bethesda Retirement Center Bethesda Montgome											Omary		
5	RESIDENCE OF DECEDENT										oneg	Olliel y		
DIRECTOR	34			10c. CIT	Y, TOWN OR	LOCATI	ION			10d. INSIDE CITY LIMITS?				
	Maryland Montgo		Si	lver S	Spr	ing			1 X YES 2 NO					
¥	10e. STREET AND NUMBER				10f.	ZIP CODE			IZEN OF V	VHAT COUNTRY?				
FUNERAL	3701 Internation	nal Dri	ve			20	0906			S.A.				
3	11. MARITAL STATUS 1	2. WAS DECEDENT	EVER IN U.S. ARI	WED	13. WA		ENDENT OF HISPA	NIC OBIGI	12 (Specify Vec	— American Indian,				
	1 Never Married 2 Married	FORCES? 1 [YES 2 N	0	If y	es, spe	cify Cuban, Maxic	en, Puerto	Rican, etc.)	or no-	Biaci	, White, atc.		
ĕ	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WA	WW II							White				
0	15. DECEDENT'S EDUCAT	TION		FOENT'S	USUAL OCC	IPATIO	A)	1 401	. KIND OF BUS	141500/1416	- III	MILLLE		
E I	(Specify only highest grade co		(G/s	re kind of v	vork done dun	it of working	100	. KIND OF BUS	IMESS/INI	JUSTRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		11. 1 4. 4.3-4.9 4										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Pri	Lnt1r	ig Bro	kei			Self-		oyed			
							18. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)				
BE	Harry Thomas D	uck							ie Tur					
0	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (S	Street an	nd Number or Rural	Route Num	ber, City or Town	n, State, Zip	Code)			
-	Mrs. Gloria Sherma	ın	53	301 V	Vestba	rd	Circle	#329	. Reth	eeda	MD	20816		
	20a. METHOD DE DISPOSITION 1 Duriel 2/L/ACremation 3 Remova		20b. PLACE A					DAT		LOCATION — City or Town, State				
	4 Donation 5 Other (Specify)	har place)		*	2 2									
· ·	4 Donestion 5 Other (Specify) Mt. Comfort Crematory 3-2 Alexandria, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
1		4 11	\cap				H GAWLE		SONS.	TNC				
	mechael	Nh	eldo		51	30	Wisc. A	ve	NW W	ashir	• agtor	DC 20016		
	23. PART i. Enter the diseases, or con	nplicatione that	ceused the dea	ith. Do n	ot enter th	e mod	le of dying, suc	ch es cere	liec or respi	ratory en	rest,	Approximate		
	anock, or neert fellure. Lis	t only Dne ceus	e on each line.						•			interval Between		
												Onset and Death		
	resulting in death) e. CONGEST VE HEART FAIL URE DUE TO (OR AS A CONSCOUENCE OF):													
S	Sequentielly list conditions, DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):													
Ě	in any, reading to intrinediate										1			
5	CAUSE (Disease or injury	CAKD	OR AS A CONSECU	249	114				YOR			YEAR)		
1	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	UENCE OF): /				,			1		
H	d	CLASO/	NICI	4E7	JAC	1	WURF	CIE	NCY			YOOR		
DICAL CERTIFICATION	PART II. Other eignificent conditione of	contribution to d	eath but not re	aultina i	n the unde	eds also es	anne alma la	n.a.	/					
8	CHRONIC	2 A	EMIA	euiting i	n the unge	riying	cause given in	Part I.	24s. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	CHEOLAL	7770	CANIA						1 YES 2	X NO	- 1	COMPLETION OF CAUSE OF DEATH?		
빌												1 TES 2 NO		
ÿ														
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF DEATH (CA	neck only on	e)					
S		OSPITAL:	FR/Outpetlant 3	DOA.	OTHER:									
≟ ∥	27. MANNER OF DEATH	28a. OATE OF II		28b. TIME		c. INJU	5 Residence	_						
	Natural 5 Pending	(Month, Day		INJ	JRY	WOR	IK?	280. DES	CRIBE HOW IN	COUNT OC	CURED			
≧	2 Accident Investigation	22 21 122 22					ES 2 NO							
<u>e</u>	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, et	INJURY — At home. (Specify)	10, ferm, s	treet, factory,	office			ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,		
COMPLETED	4 Homicide determined													
2	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of m	y knowledge, dea	th occurre	d at the time	data a	and place, and due	to the cau	sa(s) and man	nor on stat	ad			
Ž												and manner as stated.		
	296. SIGNATURE AND STILL OF CENTIFIER	4										A STATE OF S		
ᆱ	(100m 200	1	15000000	m	1		29c. LICENSE NUI	MBER	5	29d. DAT	E SIGNED	(Florith, Oby, Year)		
2	Vice /	um	ym	14	/_		V32	<u>U</u> 5	5	<u> </u>	2/	1193		
	30. NAME AND ADDRESS OF PERSON WHO C				77									
	Peter G. Hamm, MD			in A	ve. #	112	5, Chev	y Cha	se, MI	208	15			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE											
	MAR 04 '93	guina Das	ridson Ran	delle										



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		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Last) AMFS 4. SOCIAL SECURITY NUMBER	HOMAS	Dickie	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Montly, Day, Year)		3. TIME OF DEATH AR J J J J J J J J J J J J J J J J J J J				
	TOR	98. FACILITY NAME (If not institution, give a TUDE PEN DE RESIDENCE OF DECEDENT	9c. COUNTY	Conn.									
bermit.	PLETED BY FUNERAL DIRECTOR	10a. STATE 10b. COUNT 10b. COUNT 10c. STREET AND NUMBER	Y	10c. CIT			DN, D.C.	10g. CITIZEN	10d, INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?				
ding physician. the burial-transit permit.		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes, a		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No- 14. I	SA RACE — American Indian, Black, White, etc. Specify:				
by the hospital or attending to detached for use as the at once.		1s. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	110	nost of working		SINESS/INDUST					
B & &	BE COMPL	Chief Admin. Clerk Potomac Electric Power Countries NAME (First, Middle, Last) Thomas A. Dickie 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
- w	5	19a. INFORMANT'S NAME (Type/Print) Marjorie W. Dic 20a. METHOD OF DISPOSITION 1 [X]Burlel 2 [Cremetton 3] Rem	200	2032	Belmont OF DISPOSITION (A	Rd., NW, W	ashington.		20009				
hours after death. Page 6 may be ed in by the funeral director, page or removal. medical examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cemetery, cremetery or other place) GlenWood Cemetery 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, DC 20016											
24 In ion		23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. iMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Chronic Objirolation out to the Lung Disease of the consequence of:											
be execution and or to bur aumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events											
the death c the attend d Mental Hy Injury, or	AL CE	PART II. Other eignificent condition	d	out not resulting	in the underlying	ng ceuse given in	Part i. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that THE FUNERAL DIRECTOR: After this certificate has been signed by filed within 72 hours after death with the State Dept. of Health an PORTANT: If Item 28 is marked, or Nem 23 shows any	AN: MEDIC						1 TES 2	. d€ no	OF DEATH? 1 YES 2 NO				
SICIAN: The certificate h h the State E d, or Item	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 KNO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outs 26s. DATE OF INJURY (Month, Day, Year)	26b. TIM	OTHER: 4 Nursing Hor E OF 28c. IN	TLACE OF DEATH (Ch		INJURY OCCURE	D				
TTENDING PHYS TOR: After this of after death with 28 Is marked	ED BY	1 M Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	and Number or Ru	iral Route Number,									
HOSPITAL OR ATTEN FUNERAL DIRECTOR: within 72 hours after STANT: If Item 28 Is	COMPLET		CIAN: To the best of my know						rse(s) and manner as stated.				
THE HOSPI THE FUNEF fled within	BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	9 0 /			29c. LICENSE NUM	ABER_	29d. DATE SIG	NED (Month, Day, Year)				

12. REGISTRAR'S SIGNATURE

12. REGISTRAR'S SIGNATURE

12. REGISTRAR'S SIGNATURE

12. REGISTRAR'S SIGNATURE

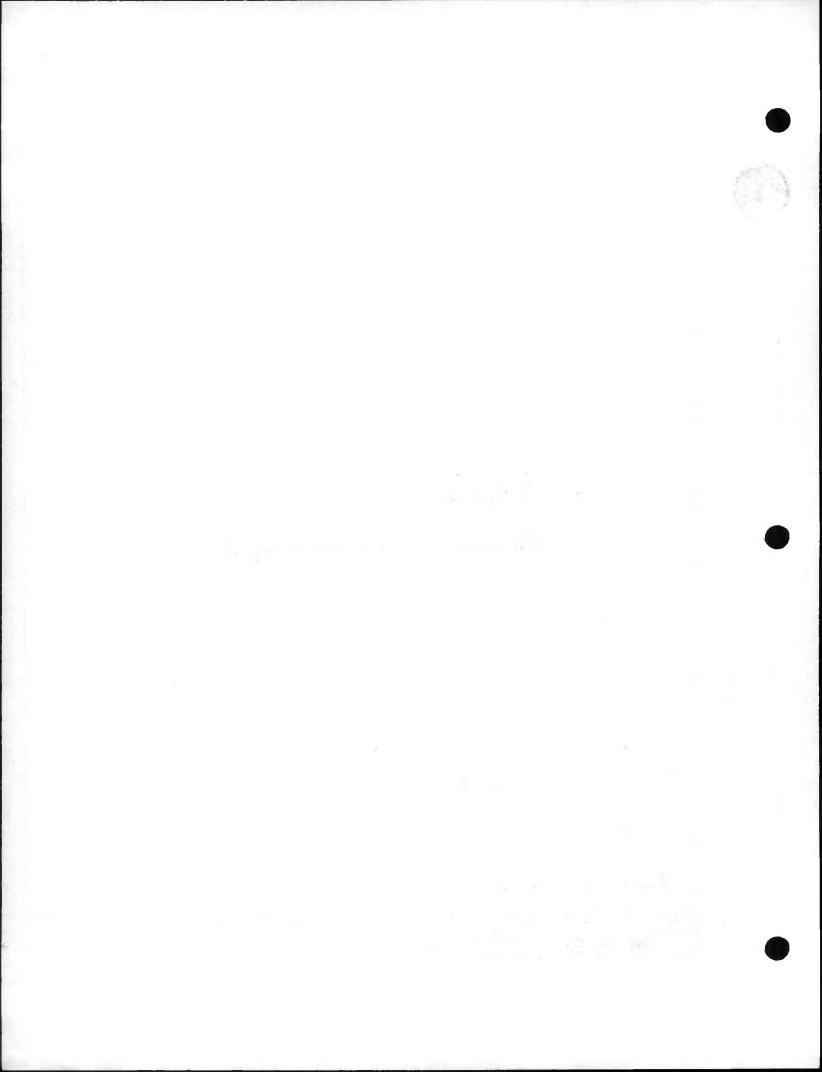
12. REGISTRAR'S SIGNATURE

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12. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)
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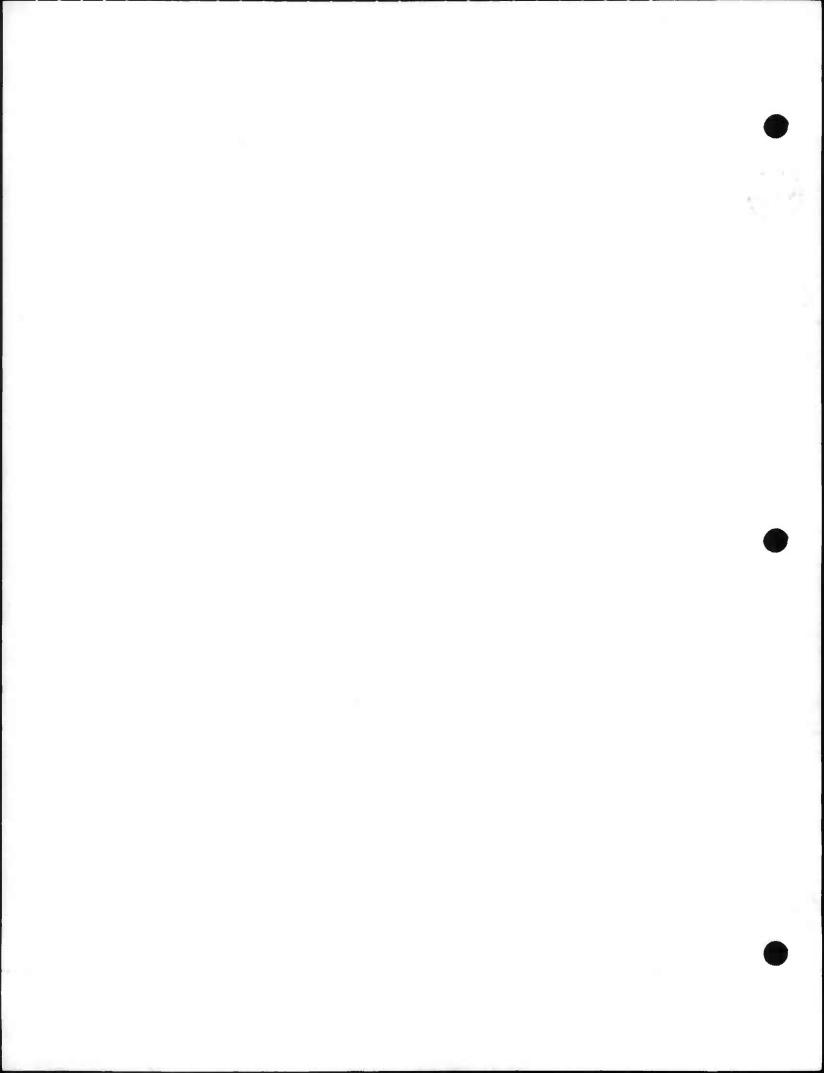
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I OF VITAL RECORDS, P.O. BOX 68760	The state of the s
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DIVISION OF	-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

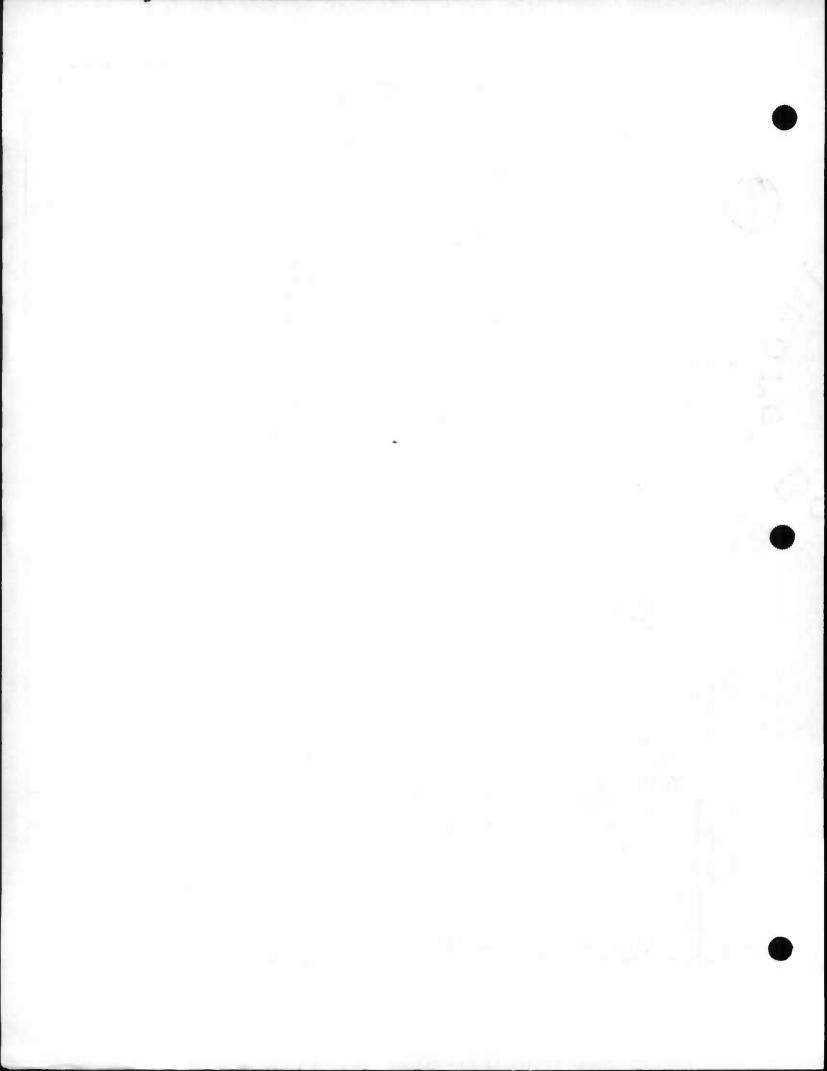
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH		MENTAL HYGIENI REG. NO.	E				
		BOBETTE OWN	ENS DANNE			2. DATE OF DEATH MONTH DAY	-	3. TIME OF DEATH			
-	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In y	MON		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign			
- 8	Se. FACILITY NAME (If not institution, give stree	Λ / (0	CITY, TOWN OR LOCAT		March 30.1	916 Ar	kansas DEATH			
DIRECTOR	Holy Cross Hospita	Montgomery									
JEC.	10a. STATE 10b. COUNTY		10c. CITY, TO	WN QR LOCATION				10d. INSIDE CITY			
ā	Maryland Monts	gomery	Silv	er Spring			1 YES 2 NO				
RAL	10s. STREET AND NUMBER			101. ZIP COI	Æ		10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	3227 Bel Pre Road	2. WAS DECEDENT EVER IN U.	S ADMED	209		IC ORIGIN? (Specify Yes	U.S				
BY FL	1 Never Married 2 Merried 3 W Widowed 4 Divorced	FORCES? 1 YES :	2 NO		, Puerto Rican, etc.)	es or No— 14. RACE — American Indian, Black, White, etc. Specify: White					
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 16	In DECEDENT'S USUA	AL OCCUPATION lone during most of work	ina	18b. KIND OF BUS	INESS/INDUSTRY	MILLE			
COMPLETED		College (1-4 or 5 +)	Iffe. Do NOT use reti	ed.)	''y						
N N	11 Administrative Assistant National Training Fun 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
	Robert J. Owens						Surname)				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD			Purvis oute Number, City or Town	, State, Zip Code)				
۲	Gay Dannelly		3279 St	necrest (t. Co	olumbus. O	hio 4332	21			
	20a. METHOD OF DISPOSITION 1										
	4 Donation 5 Other (Specify) 21. SIGNATURE OF ECHERAL SETTYICE LICEN	SEE Met	ropolita	Cremator 22. NAME AND ADDR	SS OF FAC	W CTV		Virginia			
	Collins Funeral Home 500 University Blv Silver Spring, Maryland 20901										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As A CONSEQUENCE OF): Approximate interval Between Onset and Death 124RS										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Chronic Obstructive Pulmonary Disease 1 YES 2 NO 248. WAS AN AUTOPSY PRODUCTS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLACE OF	EATH (Chec	ck only one)					
YSI	1 YES 2 NO 1	☐ Inpatient 2 (ER/Outpatie	mt 3 🗆 DOA 4 🗆	HER: Nursing Home 5 - F	esidence 6	Other (Specify)					
	27, MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 1 YES 2		28d. DEŞCRIBE HOW IN	JURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, larm, street	factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		N: To the best of my knowledg						(e) and manner as stated,			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ack 7.	m	29c. LIC	ENSE NUMI	BER	29d. DATE SIGNE	O (Month, Day, Your)			
Ĕ	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Typo, Print) K. T. Bente (Month, Doy, Your) 31. DATE FILED (Month, Doy, Your) 32. REGISTRATE SEGNATURE MAR 03 93 Julia Murille MAR 03 93										
	7- 00		-								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rer
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cren MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiere prior to MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traustical properties.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of DTHE FUNERAL DIRECTOR: After this certificate has been signed by the attend so filed within 72 hours after death with the State Dept. of Health and Mental the MPORTANT: If item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha TO THE FUNERAL DIRECTOR: After this certificate has been signed be field within 72 hours after death with the State Dept. of Health a MPORTANT: If I item 28 is marked, or Item 23 shows any
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has se filed within 72 hours after death with the State Dept. MPORTANT: If Hem 28 is marked, or Hem 23
TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this cape field within 72 hours after death with the MPORTANT. If Hem 28 is marked,
TO THE HOSPITAL OR ATTEN TO THE FUNERAL DIRECTOR: Se filed within 72 hours after MPORTANT: If Item 28 II
THE HOSPITA TO THE FUNERAL TO Filed Within 72 IMPORTANT: II

	1 - FOR STATE REGISTRAR ROK	ert Tro	STATE OF I	MARYLAND C	/ DEPAR	RTMENT O	F HEAI	LTH AND EATH	MENTA	AL HYGIEN REG. NO	9 3 E	0.	7067
	1. DECEDENT'S NAME (First	, Middle, Last)	TRA	O y	1)ie	11		2. DAT MON	E OF OEATH		YEAR 3.	TIME OF DEATH 6:00 pm
	4. SOCIAL SECURITY NUMBER 215 86 8078	BER	5. SEX	6. AGE (In yrs. le	yrs.	SF UNDER 1 YE		UNDER 24 HRS. URS MIN.		E OF BIRTH	Pay, Year) Country) MD		
TOR		9a. FACILITY NAME (If not institution, give street and number) 5207 Cottonwood Drive						OCATION OF C	DEATH			Arun	•
DIRECTOR	10a, STATE MD	10b. COUNT	Arundel			ry, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS? 1 □ YES 2 PA			
VERAL	100. STREET AND NUMBER 5207 Cotto		Drive				101. ZIP 20	711			10g, CITIZ	USA	T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					ARMEO ☐ NO 13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Mexican, Puerto F 1 ☐ YES 2 ☑ NO Specify:					or No-	Specify:	American Indian, hite, atc.
COMPLETED	(Specify only highest grade completed)					work done during retired.)	PATION g most of	working	16	b. KIND OF BUS	SINESS/INDU	ISTRY	
BE COM	17. FATHER'S NAME (First, M Robert A		iehl				18.	мотнея в Магу		Middle, Meiden nita		serly	
10 E	19a. INFORMANT'S NAME (Type/Print) Robert A. Diehl 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) same as 10 above										Code)		
	20e. METHOD OF DISPOSIT 1 Buriel 2 Cremetic 4 Donation 6 Other 1. SIGNATURE OF PUNERA	on 3 🗆 Rem		20b. PLACE cemetery, cr	ematory or of Lady		TOWS	Cem.	ACILITY	-93 Owe	nsvi1	thy or Town,	
\Box	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arreat, Approximate												
	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Flu Syndrome Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any leading to immediate Due TO (PR AS A CONSEQUENCE OF): Due TO (PR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
- 1	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL										PERFOR		DF	MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	ED//utastlast	2 🗆 204	OTHER:		OF DEATH (C					
	27. MANNER OF DEATH	Pending Investigation	28a. DATE OF (Month, D	INJURY	28b. TIM	JURY	INJURY /	Δ	_	ESCRIBE HOW II	YJURY OCCI	JRED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 26f. Li									CATION (Street a y or Town, State)	nd Number o	or Rural Route	Number,
COMPLETED			CIAN: To the best of R: On the besis of a										d manner as stated.
BE	29c. LICENSE NUMBER 29c. LICENSE NUMBER D 06054 3 1 93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William P. Jones, mp. P. D. Bok 99 20711												
2	30. NAME AND ADDRESS OF	n F	Jon	153, W	מי	, Print)	20	. Be	76 8	39	20	71	1
	31. DATE FILED (Month, Day, Your) MAR - 5 1993 Junia Day door - Mandalle												



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - STATE REGISTRAR CI		CATE OF			REG.	NO.					
2.0	1. DECEDENT'S NAME (First, Middle, Last) Charles Debity				1	2. DATE OF DEAT MONTH	H DAY 4 9	YEAR	3. TIME OF DEATH			
9	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest 137–18–7085 1 1 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6	1 M 2 F 68 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, bear)							PLACE (State or Foreign W Jersev			
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) Hayford Memorial Hayfu RESIDENCE OF DECEDENT	ta	96. CITY, TOWN	OR LOCATION	/10	acc	9c. CO	Sc. COUNTY OF DEATH Suffacel				
EC	10e. STATE 10b. COUNTY	10c, CITY	, TOWN OR LOC	TION	111				10d, INSIDE CITY			
E	Maryland Harford	A	berdeer	ı					LIMITS?			
A.	10e. STREET AND NUMBER			H. ZIP CODE	N		10g. CI	TIZEN OF W	HAT COUNTRY?			
ER	422 Elmhurst Street			210	01				U.S.A.			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? XX YES 2 1	RMED	13. WAS DE	CENDENT OF	F HISPANIC	ORIGIN? (Specif	Yes or No-	14. RACE	- American Indian.			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	NO		S 2 KNO		Puerto Rican, etc.)	Specific				
COMPLETED	(Specify only highest grade completed) (G	live kind of w	USUAL OCCUPAT		7	16b. KIND OF	BUSINESS/IP	DUSTRY				
اۃ	College (1-4 or 5+)	. Do NOT us	e retired.)									
ğ	12. O	U.S.	Army			Milii						
ŏ	UNK			18. MOTH	UNK	(First, Middle, Ma	iden Sumame)					
8		h MAILINO	ADDESS /Smal	and Number		ite Number, City or	Town Otate 3	7 O- d-1				
유						rdeen, M		001				
	20a. METHOD OF DISPOSITION 20b. PLACE		F DISPOSITION //		ADCI		LOCATION -		en State			
	1 U Burial 2X Cremation 3 I Removal from State caratary cre	emetons or of	her place!		. Tnc	3/5 We						
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME /	ND ADDRES	S OF FACIL	LITY YELL						
	*Kirsten foxyllaste	sbe	Aber	deen,	Mary	Funeral	21001-	3399				
	23. PART I. Enter the diseases, or complications that object the deshock, or heart fallure. List only one cause on each line	eath. Do n	ot enter the m	ode of dylr	ng, such a	as cardiac or n	espiratory a	rrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Arthrearchualte Cardeavarrular Deservice and Death											
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate											
S	cause. Enter UNDERLYING CAUSE (Disease or Injury								!			
E	that initiated events DUE TO (OR AS A CONSE	OUENCE OF):									
HH	resulting in death) LAST											
	PART II. Other significant conditions contributing to death but not r	resulting is	n the underlyle	ng cause g	Iven in Pa	ort I. 24a, WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
DICAL	Sypulensia					PER	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	Desheles	,,,,,,				_ ¹ YE	S 2 2 NO		OF DEATH?			
2 2						-			1 TYES 2 NO			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		26. 1	LACE OF DE	ATH (Check	only one)	.					
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 R/Outpatient 3	DOA	OTHER:	ne 5 🗆 Res	sidence 6	Other (Specify)						
	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN	JURY AT		8d. DESCRIBE HO	OW INJURY O	CCURED				
BY	1 Natural 5 Pending Investigation			YES 2	NO		-					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, s	treet, factory, offi	C.0	_ 2	81. LOCATION (Str. City or Town, S	eet end Numb tate)	er or Runal R	oute Number,			
12	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de	eath occurre	d at the time, dat	e end place,	end due lo	the cause(s) end	manner as st	nted.				
2	one) 2 MEDICAL EXAMINER: On the besis of examination end/or								end manner as stated.			
	290. SIGNATURE AND TITLE OF CONTINUED A LOCK MEACH	-	-		NSE NUMBE				(Month, Day, Year)			
BE	Kuhard J. Calfuns			20	1199	4	>	3/4	1/93			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEL	M 27) (Type,	Print)	137	w	4 (1/4)	er R	1	<i>'</i> .			
	RICHARD J. COLFER M.D.		20	Dec	ung	ten, M	1. Z	1039	7			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effect death. Page 6 may be retained by the hospital or attending physician.

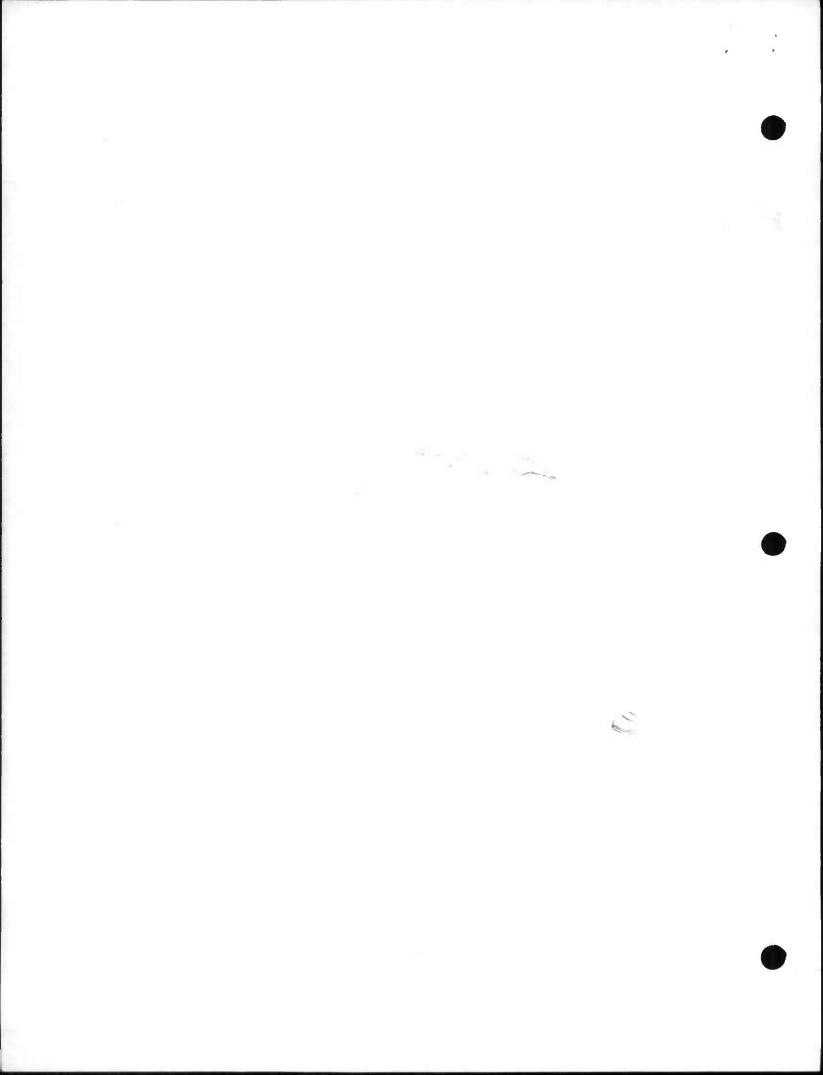
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MHK OO



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE	OF	DEAT	Ή	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)							2	DATE OF D				3. TIME OF DEATH
	Gertrude Martin Dunbar								2 27 19			1993	7:12 a m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	at hirthday)	# UNDER	1 VEAR	IF UNDER :	14 MOS 7	DATE OF BI				IPLACE (State or Foreign
	247 52 4745	1 🗆 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey,	Year)		Count	(V)
	213-52-1315		00	Tho.						-191	12	1	laryland
~	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN OF	R LOCATIO	N OF DEAT	Н		9c. COU	INTY OF D	EATH
Ö	Baltimore Co. G	en. Hospi	tal			Rand	alls	town				Ba	ltimore
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT												
E				10c. CIT	Y, TOWN O								10d. INSIDE CITY LIMITS?
		altimore			Reis	ters	town						1 YES 2 NO
₹	10e. STREET AND NUMBER					10f.	ZIP COOE				10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	905 Bond Ave.						2113	6				U.S	.A.
3	11. MARITAL STATUS	12. WAS DECEOEN	TEVER IN U.S. A	MED	13. V	WAS DECE	NDENT OF	HISPANIC	ORIGIN? (Spi	ocify Yea	or No —	14. BACI	- American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2	NO	11	yes, spec	olfy Cuban	, Mexican, F	verio Rican,	etc.)		Black	c, Whits, atc.
BY	3 Widowed 4 Divorced		AN ON OAILS		- '	☐ TES	2 SENO	<i>Specify</i> :				Spec	White
	15. DECEDENT'S EDI	JCATION	16a. DE	CEDENT'S	USUAL OC	CUPATION	v		16b, KIND	OF BUS	INESS/IN	MISTRY	111111111111111111111111111111111111111
	(Specify only highest grad Elementary/Secondary (0-12)				work done d			,	1000 1000	01 200	INESS/III	0031111	
7	11	College (1-4 or 5+	· .	Uou a -					Ι.	TY a sus =	Ma1	ora ua	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			House	wrie						Mak	cer	
									(First, Middle,		,		
BE	Charles Gill	Martin							ude O	-	,		
6	19a. INFORMANT'S NAME (Type/Print)								e Number, Cit				
- 1	Peggy Warner			905 E	Bond .	Ave.	Rei	sters	town,	MD.	211	136	
	20a METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Rem		20b. PLACE	ANDDATE	OF DISPOSI	TION (Nem	ne of		OATE	20c, LOC	ATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)	NOVEL TOTAL STATE	Druid	Ride	ther place)	m.		3-2-1	993	- Pi	kest	rille	, MD.
ļ	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE ,	4 /	-	22. N	AME AND	ADDRESS	S OF FACILI	TY			-	,
1	D H H	5.60	18		Ec	khar	dt F	unera	1 Cha			44	
	J. Joans	wend											lls, MD. 21
	23. PART i. Enter the disesses, Dr shock, Dr heert feilure.	complications that	ceused the de	ath. Do r	not enter t	the mod	e of dyln	g, such s	s cerdiec o	r respir	atory sn	rest,	Approximate
	IMMEDIATE CAUSE (Finsi	-					ŧ						interval Between Onset and Death
	diseese or condition	Cereb		1	(مردد	. Qu	T					Cinati and Saatii
	resulting in deeth)	OUE TO	OR AS A CONSE	DUENCE OF	FI:								
_	_				,								
CERTIFICATION	Sequentially list conditions,	b	OR AS A CONSE	DITENCE OF									
₹ II	if any, leading to immediate cause. Enter UNDERLYING		OII NO A GOITOE	AULITUL OF	<i>y.</i>								
윤	CAUSE (Diseese or Injury	C. DUE TO	OR AS A CONSE	DIENCE OF	n .								
ĒI	thet initiated events resulting in death) LAST	DOL 10 (ON AS A CONSE	ADENCE OF	-):								
点		d											
	PART ii. Other significent condition	ne contributing to	deeth but not r	esulting i	n the unc	derivina :	Ceuse di	ven in Par	11. 240	WAS AN A	UTTOPEY	a 24b	WERE AUTOPSY FINDINGS
5 I						,				PERFORM		240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
7 11									- 10	YES 2	NO		OF DEATH?
11 II									. 1				1 YES 2 NO
MEC													
IN: MEC													
CIAN: MEC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	4000150					CE OF OE	ATH (Check o	only one)				
SICIAN: MET	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER	:				elfv)			
HYSICIAN: ME	EXAMINER?	1 Inpatient 2 I	NJURY	28b, TIMI	4 Nursi	: ing Home 28c. INJUS	5 🗆 Resi	dence 6	Other (Special DESCRIBE		JURY OC	CURED	
Y PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2	NJURY	28b, TIMI	4 Nursi	ng Home 28c. INJUI WOR	5 Resi	dence 6 28	Other (Spec		JURY OCC	CURED	
à	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation	1 □ Inpatient 2 □ 28s. DATE OF I (Month, Day	NJURY y, Year)	28b. TIMI INJ	4 Numi E OF URY	ing Home 28c. INJUI WORI 1 YE	5 Resi	dence 6 28	Other (Spec	HOW IN			
à	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF I (Month, Da) 28a. PLACE OF	NJURY	28b. TIMI INJ	4 Numi E OF URY	ing Home 28c. INJUI WORI 1 YE	5 Resi	dence 6 28	Other (Spec	(Street an			oute Number,
à	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	28s. DATE OF I 28s. PLACE OF building, e	INJURY y, Year) INJURY — At ho rtc. (Specify)	28b. TIMI INJI me, farm, a	4 € Nursi E OF URY M	: ing Home 28c. INJUF WORI 1 YE	5 Real	28 NO 26	Other (Special Describe of Location City or Town	(Street ann, State)	d Number	or Rural R	oute Number,
à	EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	28a. DATE OF I (Month, De) 28a. PLACE OF building, e	NJURY y, 'bar) INJURY — At ho itc. (Specify) my knowledge, de	28b. TIMI INJ me, farm, a	E OF URY M	ing Home 28c. INJUF WORI 1 YE ry, office	5 Resi	NO 26	Other (Special Describer of Location City or Town	(Street ann, State)	od Number	or Rural R	
à	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	28a. DATE OF I (Month, De) 28a. PLACE OF building, e	NJURY y, 'bar) INJURY — At ho itc. (Specify) my knowledge, de	28b. TIMI INJ me, farm, a	E OF URY M	ing Home 28c. INJUF WORI 1 YE ry, office	5 Resi	NO 26	Other (Special Describer of Location City or Town	(Street ann, State)	od Number	or Rural R	
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	28a. DATE OF I (Month, Da) 28a. PLACE OF building, e	NJURY y, 'bar) INJURY — At ho itc. (Specify) my knowledge, de	28b. TIMI INJ me, farm, a	E OF URY M	ing Home 28c, INJUF WORI 1 YE ry, office ne, data as sinion, dea	5 Resi	NO 26	Other (Spec d. DESCRIBE f. LOCATION City or Town he cause(a) a	(Street ann, State)	od Number er as stat dua to th	or Rural R	and manner as stated.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 4 Homicide detarmined 29e. CETTIFIER (Check only one) 2 MEDICAL EXAMINI	28a. DATE OF I (Month, Da) 28a. PLACE OF building, e	NJURY y, 'bar) INJURY — At ho itc. (Specify) my knowledge, de	28b. TIMI INJ me, farm, a	E OF URY M	ing Home 28c, INJUF WORI 1 YE ry, office ne, data as sinion, dea	5 Real RY AT K? S 2	NO 26 and due to the time	Other (Spec d. DESCRIBE f. LOCATION City or Town the cause(a) a p, data and pi	(Street ann, State)	od Number er as stat dua to th	or Rural R	
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	28a. DATE OF I (Month, Da) 28a. PLACE OF building, e	INJURY y, Year) INJURY — At ho tc. (Specify) my knowledge, de amination and/or i	28b. TIMI INJ me, farm, a ath occurre	ed at the time, in my op	ing Home 28c, INJUF WORI 1 YE ry, office ne, data as sinion, dea	5 Real RY AT K? S 2	NO 26	Other (Spec d. DESCRIBE f. LOCATION City or Town the cause(a) a p, data and pi	(Street ann, State)	od Number er as stat dua to th	or Rural R	and manner as stated.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	28a. DATE OF I (Month, De) 28a. PLACE OF building, e ICIAN: To the best of axa R 10 COMPLETED CAUSE	INJURY y, Year) INJURY — At ho tc. (Specify) my knowledge, de amination and/or i	28b. TIMMINJI me, farm, a ath occurre revestigation	4 Nursi E OF URY M interest, factor and at the time, in my op	eng Home 28c. INJU 28c. INJU 1	FY AT K? S 2 Ind place, a with occurred	NO 26 NO 26 NO 26 NO 26 NO 26 NO NO 26 NO NO NO NO NO NO NO NO NO NO NO NO NO	Other (Spec d. DESCRIBE f. LOCATION City or Town the cause(a) a p, data and pi	(Street and state)	er as stat due to th	or Rural R	and manner as stated. (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

WAR 1

'93

OHMH-16 Rev 1/89

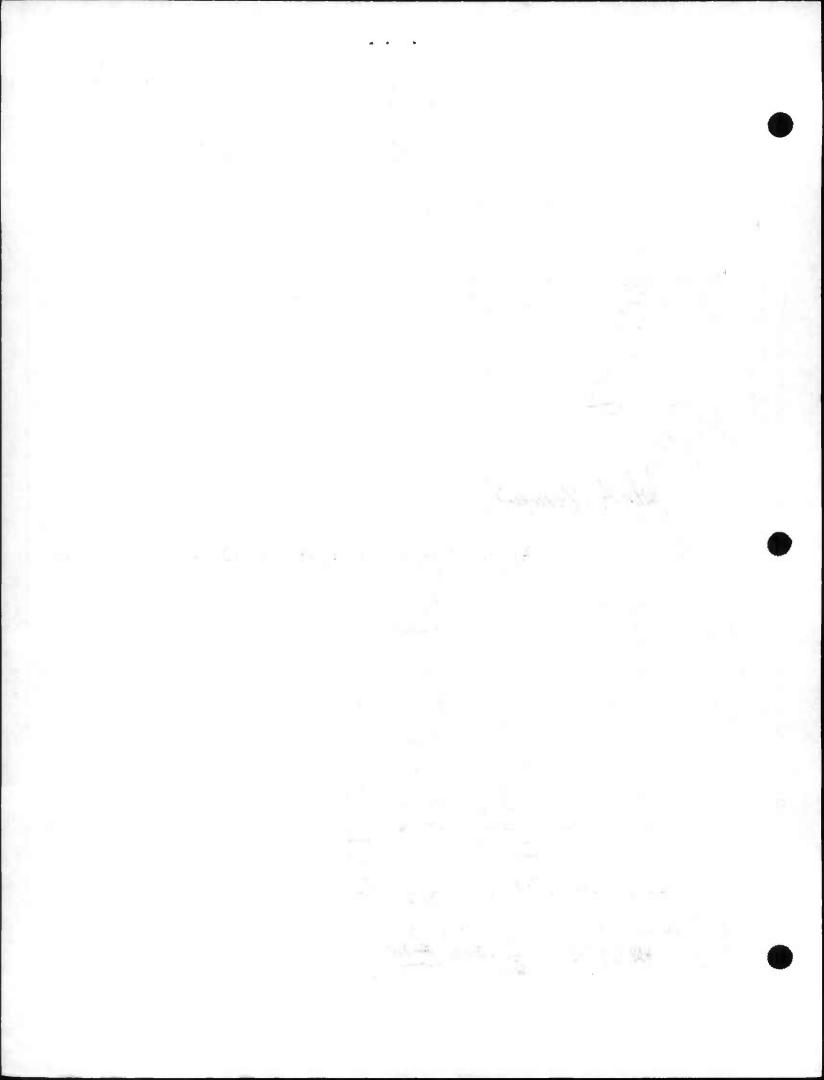
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trans	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the att	be filed within 72 hours after death with the State Dept. of Health and Menta	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury,	

	FOR STATE REGISTRAR	STATE OF M	IARYLAN	D / DEPAR						YGIENE		, ,	
	1. OECEOENT'S NAME (First, Middle, Last)	Betty	Lou I	Dixon					2. DATE OF MONTH	DAY	1993	AR .	TIME OF DEATH 2:29 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.						7. DATE OF BIRTH 8. BIRTHI			BIRTHPLA	CE (State or Foreign
	165-32-2807	1 □ M 2 🏹 F	52	YRS.	MONTHS	DAYS	HOURS	MIN.	07-24			^{Country)} enns	vlvania
ł	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN 0	R LOCATIO	_	-		9c. COUNTY		
DIRECTOR	#47 Bryans Road T	railer Pa	ark		Br	yans	s Roa	ad			Char	les	
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		10c. CI	ry, town o	R LOCAT	ION					100	I. INSIDE CITY
E	Maryland Charl	es		В	ryans	Roa	ad					1[LIMITS?
7	10e. STREET AND NUMBER				4		ZIP CODE				10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	#47 Bryans Road T	railer P	ark				206	516			US	A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S						IC ORIGIN? (S		or No — 14.	RACE -	Amarican Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W					2X NO		i, Puerto Rica	n, etc.)			White
			Lan										WIII OC
	15. DECEDENT'S EOU (Specify only highest grade	completed)	-	a. DECEDENT'S (Give kind of life. Do NOT a	work done of			g	160. KJ	ND OF BUS	INESS/INDUS	IHY	
7	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+	•)	House						Domes	stic		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			110450			18. MOTH	HER'S NAM	ME (First, Midd	fle, Maiden S	Surname)		
Ö	Willard Hartsok							Gai	il Job	es			- 3
BE	19a. INFORMANT'S NAME (Type/Print)			19b, MAILIN	G ADDRESS	(Street a	nd Number	or Rural R	loute Number,	City or Town	, State, Zip Co	de)	
2	Betty Louann O' (Connor		1311	1 Rha	me 1	Dr. I	Ft Wa	ashing	ton,	Maryl	and	20744
	20a. METHOD OF DISPOSITION 1/A Buriel 2 Cremation 3 Rem			LACE AND DAT					DATE		ATION — City		
	4 Donation 5 Other (Specify)	ovar nom state	- Re	d Ston	e Cen	ete:	ry		i	Brown	nsvill	e, P	A
	21. SIGNATURE OF UNERAL SERVICE LI	CENSEE	00173				ND ADDRES						
- 8	DOWN 14. Clie	CENSEE MALOCUM	.001.0		J.	H.E	berwe	ein N	Mortua	ry L	a Plat	a, M	D 20646
	23. PATT i. Enter the diseases, pr	complications tha	t causad th	na daath. Do	not anter	the mo	de of dy	ing, such	n as cerdia	or respir	atory arres	ì,	Approximate
	shock, or heart failure. iMMEDIATE CAUSE (Final	List Driy Dra Cau	ise on each	i ine.		. 1		,	T				Intarval Between Onset and Death
	disease or condition resulting in deeth)	· Frte	Nos.	clust	c ($\sim c4$	OVA	son	r D	nseas	رد		years
	The second secon	DUE TO	(OR AS A CO	ONSEQUENCE	OF):								
NO	Sequentially list conditions, Due to (or as a consequence of):												
F	If any, leading to immediate cause. Enter UNDERLYING												
임	CAUSE (Disease or injury that initiated events	cDUE TO	(OR AS A CO	ONSEQUENCE	OF):								
CERTIFICATION	resulting in death) LAST	d.											
	PART II. Other significant condition	ne enetributing to	doeth hut	not seculting	In the un	dodula		oluen in	Dort I o	la. WAS AN	ALITORRY	245 W	ERE AUTOPSY FINDINGS
SA S	PART II. Othar algumean condition	- continuently to	Ogatii Dut	not resulting	in the on	Mairyiii	A cansa i	given in		PERFOR	MED?	AV	AILABLE PRIOR TO
ă	-			1 -					— ¹	YES 2	∭ NO	OF	DEATH?
M	·					-			-			"	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF D	DEATH (Che	eck only one)				
SIC	EXAMINER? 1 X YES 2 NO	HOSPITAL:	☐ ER/Outpatia	ent 3 DOA	OTHER	R: sing Hon	ne 5 X R	asidence	8 Other (S	Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. Ti	ME OF	28c. IN.	JURY AT		28d. DESCF	IBE HOW I	NJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, 2	-u, , , , , , , , , , , , , , , , , , ,		M		YES 2] NO					
	3 Suicide 8 Could not be		OF INJURY — atc. (Specify)	At home, farm	, street, fact	lory, offic	0			ON (Street a Town, State)	and Number or	Rural Rout	le Number,
	4 Homicide detarmined												
COMPLETED	(Check only 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowled	ge, death occu	rred at the t	ime, date	and place	e, and due	to the cause	(a) and man	ner as stated		
Š	one) 2 MEDICAL EXAMIN	ER: On the beals of a	examination a	nd/or investigat	tion, in my o	pinion, e	death occu	red at the	Hme, deta an	d place, an	d dua to the	cause(a) ai	nd manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	ROO	1 (5) 1,	1.5		100	ENSE NUN					onth, Day, Year)
TO B	4 MILLY	N) CM	101	rontf	ME	•	D 2	7348			> 3,	/8/9:	3
	30. NAME AND ADDRESS OF PERSON W			, ,,,,,			MD 0	0604					
	Howard Haft MD	33 MEGISTRA	ARTH MICHAEL	between the contract of the co		rī,	עוויו ב	0004					
	MAR 09 '93	Lulia	Savids	n- Pande	30								
	1411 0 7 00	0	-		-repl								DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely fi

	REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO).			
8	1. DECEDENT'S NAME (First, Middle, Last) EDWARD	DAISEY				2. DATE OF DEATH DO DO 18	93	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 579-09-6753	5. SEX 6. AGE	(In yrs. lest birthde 78 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 27		BIRTHPLACE (State or Foreign Country) lenn Dale, MI		
TOR	9a. FACILITY NAME (If not institution, give PRINCE GEORGES RESIDENCE OF DECEDENT	· ·	ITER		VERLY	EATH	9c. COUNTY			
DIRECTOR	Maryland Princ	e George's		enn Dale	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 11815 Daisey Lane			20	7. ZIP CODE 1769-9010		U.S.			
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO DATES	If yes, sp	ecify Cuban, Mexica 2 X NO Specify	HC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No— 14	RACE — American Indian, Black, White, etc. Specify: White		
PLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT (Give kind o life. Do NOT	'S USUAL OCCUPATE of work done during mo use retired.)	ON est of working	16b. KIND OF BU		THY		
E COMPLET	17. FATHER'S NAME (First, Middle, Last) William N. Daisey	,	DACAVA	CION	18. MOTHER'S NA Mary B	ME (First, Middle, Maiden				
TO B	19a. INFORMANT'S NAME (Type/Print) Pauline B. Daisey					Poute Number, City or Tow enn Dale,				
20e. METHOD OF OISPOSITION 1 A Buriel 2 Cremetation 3 Removat from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Fort Lincoln Cemetery 2/22/1993 Brentwood,								· ·		
	Claulas 7 23. PART I. Enter the diseases, or	Bell 1		Franc 4739	is Gasch Baltimor	's Sons Fure Avenue,	Hyatts	Home, P.A. sville, MD		
CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Acute card: OUE TO (OR AS Pulmonary :	iorespiratory insufficiency and arrest a consequence of: insufficiency with ventilator dependency a consequence of:							
	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting In death) LAST COTONARY artery disease with dysrhythmia 6 to 10 to									
: MEDICAL	PART II. Other significent condition Diabetes Mel Peripheral A	litus				PERFORMED? 1 YES 2 NO COMP OF DE		24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 I Inputient 2 □ ER/Out	patient 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch	eck only one) 6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1 🗆 1	PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	IEO		
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm	home, farm, street, factory, office 281. LOCATION (Str. City or Town, St.				Rural Route Number,		
COMPL		ICIAN: To the best of my know ER: On the basis of examination						ause(a) and manner as stated.		
10 BE (William A. Holbro	XX, M.D.	Stoff	rooken	29c. LICENSE NUN		▶ 2/	19/93		
	30. NAME AND ADDRESS OF PERSON WE William A. Holbro	ok. M.D. 300	11 Hospi	1	Prince Ge Chever	eorge's Ho	spital	Center		
	31. DATE FILED (Month Day, Year)	32. REGISTRAR'S SIGN	The R.	1.00						

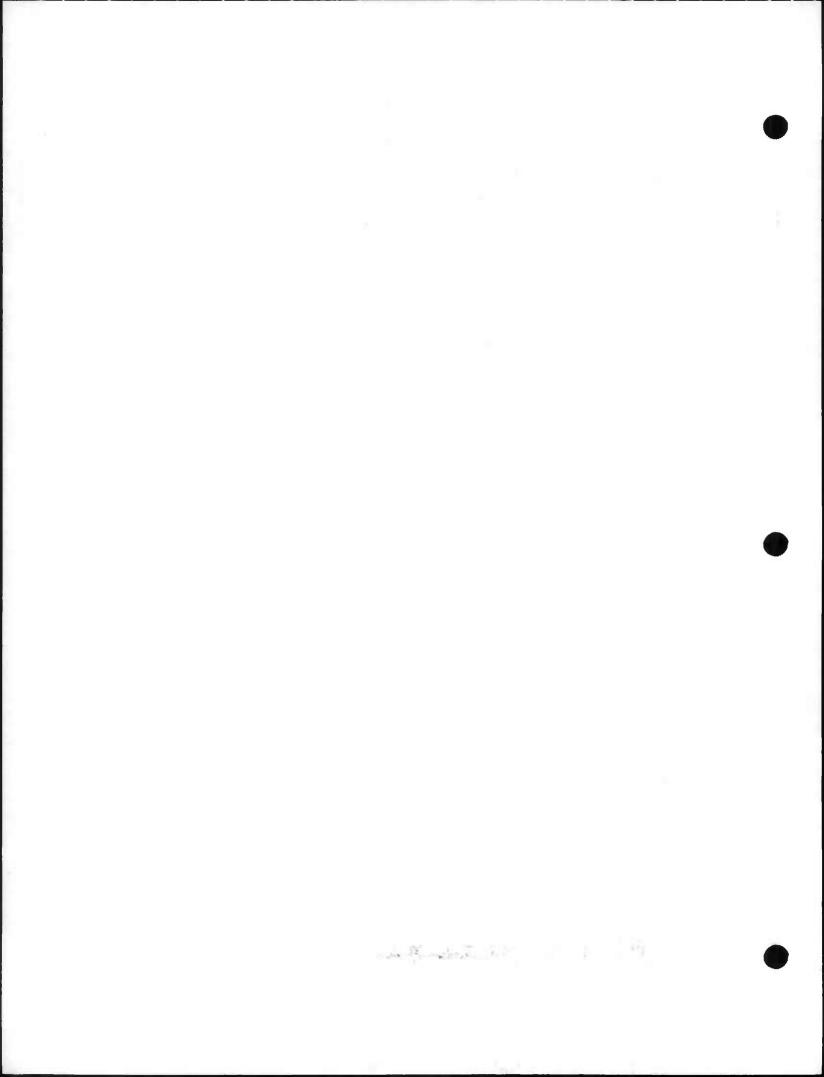
Secretary South States

68760,
BOX
P.0
RECORDS,
OF VITAL
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permade for its marked, or flate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTM	MENT OF H	EALTH AND	MENTAL	HYGIENE
CERTIFIC	ATE OF	DEATH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO			, 0 . 0
	1. DECEDENT'S NAME (First, Middle, Last) Katherine		Dai	sey		Feb. 2	0 19	P3	TIME OF DEATH
		1 M 2 KF 84 YRS. MONTHS DAYS HOURS MIN. (Morifit, Day, Year) Country, July 22 1908 Was						Country) Wast	nington D.C
DIRECTOR	Southern Mary RESIDENCE OF DECEDENT	thern Maryland Hospital Clinton Princ							
	Maryland Princ	e George's		ple Hi	11s			1 {	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	4305 Sheldon Ave.					031	Unit	ted S	tates
à l	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 K NO	If yes, spe		IIC ORIGIN? (Specify Ver n, Puerto Rican, etc.)	s or No— 14	RACE — Black, W Specify:	American Indian, hite, etc. White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of the Do NOT use ret Homemak	done during mos ired.)	N it of working	16b. KIND OF BU	siness/indus	TRY	
N O	17. FATHER'S NAME (First, Middle, Last)		пошешах		18 MOTHER'S NA	ME (First, Middle, Maiden		_	
- 1	Fredrick A. Engel					. (Maiden		Jnkno	own)
O BE	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING ADD	RESS (Street as	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Co	de)	
Ē	William N. Daisey	, III	15210	Old Ch	apel Rd.	Bowie Md.	20715	5	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	ral from State	PLACE AND DATE OF DI elery, cremetory or other p aryland Ve	terans	Cemeter	y 2/25/93	Chelte	nhan	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Evans	Pres			Funeral H			20715
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that caused	the death. Do not e	nter tha mo	de of dying, suc	h as cardiac or resp	iratory arresi	,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) **Repair August Augustalium august Augustalium august Augustalium august Augu								
Z O	Sequentially list conditions, our Tourney and A configuration of the set of t								
5	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AP	heime	6	dise	es			
CERTIFICATION	that initiated events resulting in death) LAST	OME TO YOU AS A	CONSEQUENCE OF):						
┪┃	PART II. Other significant conditions	contributing to death b	ut not resulting in th	e underlying	cause given in	Part i. 24s. WAS AN		All	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE
: MEDIC						1 _ YES 2	! □ NO	OF	DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	ack only one)			
2		HOSPITAL: 1 Inpetient 2 I ER/Outp		HER: Nursing Home	5 G Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNED OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	PK?	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED	
ā	2 Accident Investigation	26a. PLACE OF INJURY	— At home, farm, street		ES 2 NO	281. LOCATION (Street	and Mumber or	Oranal Goude	Number
2	4 Homicide 8 Could not be determined	building, etc. (Spec	ify)	,		City or Town, State)	and realized of	, and , house	77077000,
COMPLEIED		AN: To the best of my knowl						ause(a) an	d manner as stated.
O BE C	29% SIGNATURE AND TITLE OF CERTIFIER	ND A	Elevely	~	29a LICENSE NUN	IBER S	29d. DATE S	IGNED (Mo	orth, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	»/		- 11	<u> </u>		t
	31. DATE FILED (Month, Day, Year) EB 2 4 1993	32. REGISTRAR'S SIGN.	ATURE REMOLESS						



1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPART				MENTAL HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, Last)		043111111	OAIL O	DLA	-	2. DATE OF DEATH			3. TIME OF DEATH	
Effie Dento	n					Feb. 22	1993	3 YEAR	5:10 AM M	
4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (in y	rrs. last birthday)	IF UNDER 1 YEAR	-	24 HRS.	7. DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign	
577 34 5337	M 2 🔀 F	72 YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) Feb. 5	1921	Nor	th Carolina	
9e. FACILITY NAME (If not institution, give street en	nd number)		9b. CITY, TOW	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF O		
Golden Oaks Nursing	Home	re1			Pr	ince	George's			
10e. STATE 10b. COUNTY		18c. CITY	, TOWN OR LOC	ATION					10d. INSIDE CITY	
Maryland Anne Arundel Crofton										
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COU										
1832 N. Forest Driv	ve			2111	4		Uni	ited	States	
11. MARITAL STATUS 12. W	WAS DECEDENT EVER IN U. ORCES? 1 YES	S. ARMED				IC ORIGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.	
	YES, GIVE WAR OR OATE	No		ES 2 NO				Specif		
15. DECEDENT'S EDUCATION		Se. DECEDENT'S (USUAL OCCUPA	TION		16b. KIND OF BUS	INFSS/INC	HISTON	willte	
(Specify only highest grade completed in the complete in the c	eted) ege (1-4 or 5+)		ork done during i		g	1001 11110 01 000	JIII C 00/1111	J001111		
8		Homemak	er			Own H	ome			
17. FATHER'S NAME (First, Middle, Lest)				18. MOTE	HER'S NAI	ME (First, Middle, Meiden	Surname)			
William C. Boone					Eff:	ie Stallin	gs			
19e. INFORMANT'S NAME (Type/Print)						loute Number, City or Town				
Karen L. Lucas	200		Auth Ro		uitl	and Maryla				
1 Buriel 2 Cremetion 3 Removal fro	om State comete	ACEAND DATEO ry, cremetory or off ropolit	ner place	Name of			CATION -			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		TOPOLIC		AND ADDRES			exanc	iria	Virginia	
Robert E &		Pa.				uneral Ho				
23. PART i. Entar tha diseases, or compli	- Dans I	Ua	1600	00 Anr	apo1	is Rd. Boy	wie M	iary1		
snock, or haart failure. List of	nly one cause on each	iina.					ratory an	rest,	Approximata interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	Metas	fate.	· (av	En	-01-	_a			Onset and Death	
resulting in death)	DUE TO (OR AS A CO	INSEQUENCE OF):							
Sequantially list conditions,										
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE OF)):							
CAUSE (Disesse or injury c. —	DUE TO (OR AS A CO	INSEQUENCE OF);							
resulting in death) LAST									1	
DADT II Other significant and distance										
PART ii. Other significant conditions conf	tributing to death but	not reauiting in	n the underlyi	ng cause g	jiven in l	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
						1 _ YES 2	□ NO		OF DEATH?	
									1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF O	EATH (Cho	at and and				
	SPITAL:		OTHER:			B Other (Specify)				
	28e. DATE OF INJURY	28b. TIME	OF 28c. II	NJURY AT	sidenca	28d. OESCRIBE HOW II	JURY OC	CURED		
1 Niffural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	10.0	YORK? YES 2	NO					
3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, st	reet, factory, off	ice		281. LOCATION (Street at City or Town, State)	nd Number	or Rural Re	oute Number,	
4 Homicide determined										
29e. CERTIFIER (Check only one)										
2 MEDICAL EXAMINET: On E	the basis of examination en	nd/or investigation	, in my opinion,	death occur	ed at the t	time, date end place, en	d due to th	e Couse(e)	end manner ee stated.	
296. SIGNATURE STORES OF SHITTER				29c. HCE	NSE NUM	7942	29d. DATE	2/2	(Month, Say, Your)	
30. NAME AND ADDRESS OF PERSON WHO COM	PLETEO CAUSE OF OEATH	(T) (Type.)	Print)	he	nı	Lane	La	صما	1 ms	
31. DATE FILEO (Month, Day, Year) 3	2. REGISTRAR'S SIGNATU	IRE Sand		_				VIC		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

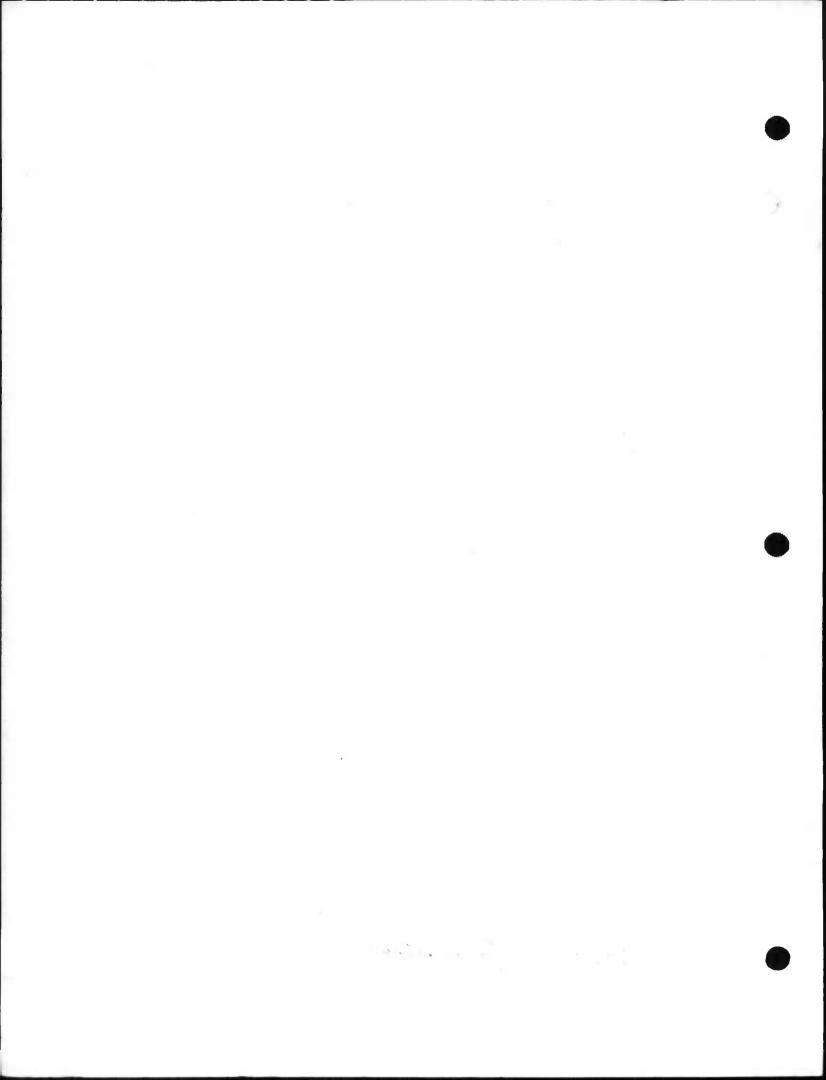
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
R	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM	MENT OF H	EALTH AND N	MENTAL HYGIEN					
	1. DECEOENT'S NAME (First, Middle, Lest)		Di	99.5		2. DATE OF DEATH D	AY Y	3. TIME OF DEATH 93 12:45 P. M			
	4. SOCIAL SECURITY NUMBER N/A	6. AGE (fir yrs. is		LINDER I YEAR HTMS OAYS	F UNDER 24 HRS. HOURS MIN.	March 9 7. DATE OF BIRTH (Month, Day, Wasy) March 9	1.6	BIRTHPLACE (State or Foreign Country) Maryland			
TOR	96. FACILITY NAME (if not institution, give s Shady Grove Adve		96		R LOCATION OF DE		9c. COUNTY	The state of the s			
DIRECTOR	10a. STATE MD 10b. COUNTY	Frederick		own or Locati				10d. INSIDE CITY LIMITS? TY YES 2 NO			
FUNERAL	60 Apple Way			101.	ZIP CODE 217	701	10g, CITIZER USA	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES TO IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECE If yes, spe 1YES	city Cuban, Maxican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) N/A	completed) (0	ECEDENT'S USU Give kind of work b. Do NOT use rei N/A	done during mos	N 1 of working	16b. KIND OF BU	SINESS/INOUS				
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IAME (First, Middle, Maiden Surname)					
BE	Christopher G				Jacqu	eline Yvo	nne Di	ggs			
0	190. INFORMANT'S NAME (Type/Print) Shady Grove Adver	ntist Hospital	9901 Me	dical (eet and Number or Rural Route Number, City or Town, State, Zip Code) 1 Center Dr., Rockville, MD 20850-339						
	20s. METHOD OF DISPOSITION 1	oval from State cemetery, on Shad		e Adv.	Hospital	1 3/9/93		or Town, State 11e, MD			
	21. HIGHATURE OF FUNERAL SERVICE CE	WW Senion	Vice lent	Shady 9901 1	Medical (dventist H Ctr. Dr.,	Rockvi	.11e, MD 20850			
CERTIFICATION	23 HART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DOE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximata interval Between Onset and Daily and										
PHYSICIAN: MEDICAL C	PART II. Other significant condition: Don 3	contributing to death but not in the second	resulting in the	e underlying	cause given in P	art i. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Chec	k only one)					
ı×sı	1 YES 2 NO	1X Inpatient 2 - ER/Outpatient 3	DOA 4		5 Residence 8	☐ Other (Specify)					
BY P	1 X Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) N/A	28b. TIME OF INJURY	M 1 YE	K?	28d. DESCRIBE HOW II	JURY OCCUR	ED			
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, street N/A	, factory, office		281. LOCATION (Street s City or Town, State)	nd Number or F	Characteristics			
COMPLETED	29a. CERTIFIER (Check only one) 1 XCERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge, de	eath occurred at	the time, data a	nd place, and due to	the cause(a) and man	ner as stated.				
TO BE C	29b. SIGNATURE AND THLE OF CERTIFIER 30. NAME AND AGORESS OF PERSON WHO	Roter			D345			NEO (Nogth, Day, Year)			
	Dr. Elliott Bete	sh, 19537 Doctor	rs Dr.		town, MD	20874-52	200				
	MAR 16 1993	32. RECESTED AND SHOWNED !	ferson								

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- 20	
phone	
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aded	
director.	
funeral	
filled in by the	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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ificate has been signed by the attending physician and completely fill	å
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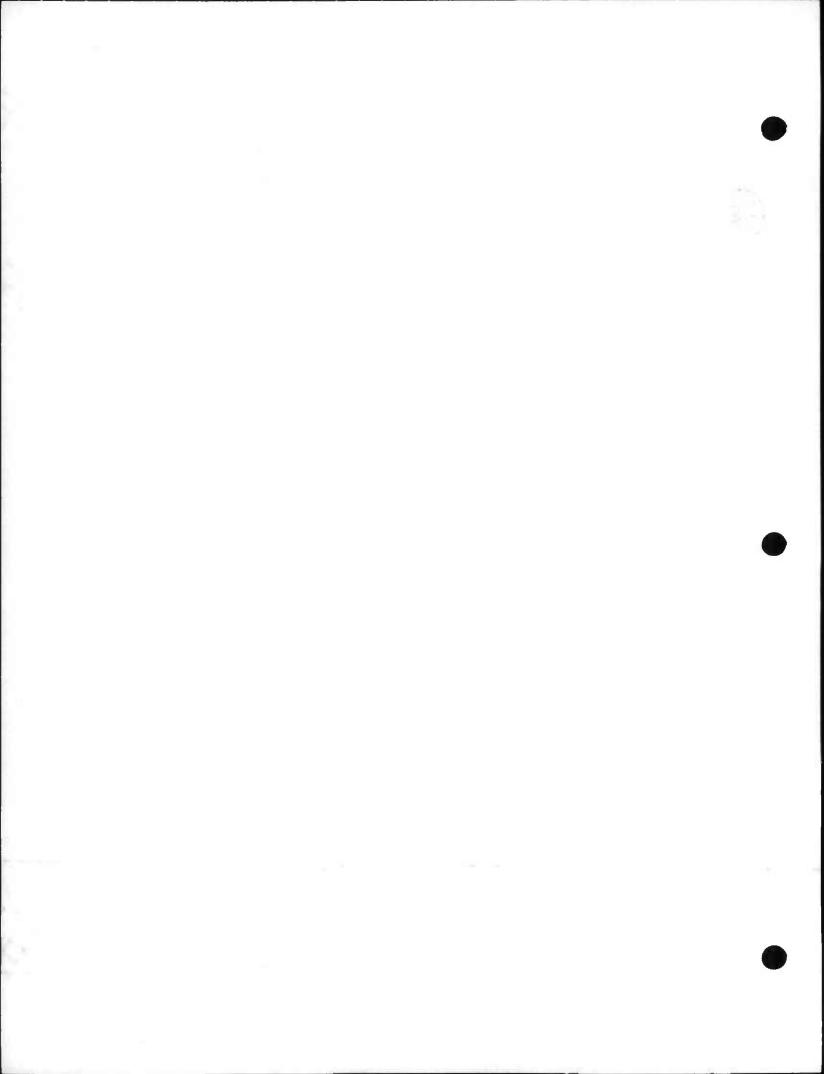
MARA

_	1 - FOR 1 - STATE REGISTRAR	STATE OF MA			MENT OF I			TAL HYGIEN REG. NO.	E	01010	
	1. DECEDENT'S NAME (First, Middle, Last)	Th	eodoi	e i	DAVI	S	M	ATE OF DEATH ONTH DA	7 /	YEAR 3. TIME OF DEATH P	
	4. SOCIAL SECURITY NUMBER 219-16-7085		AGE (in yrs. las	st birthday)	F UNDER 1 YEAR	IF UNDER 24 H	IRS. 7. De	ATE OF BIRTH Worth, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give st	reet and number)	68	-	96. CITY, TOWN	OR LOCATION		5/26/192		Maryland NTY OF DEATH	
DIRECTOR	HAR FORD	nemori	al Ho	05P.	HAVR	E DE	GA	RACE	H	arFord	
H.	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
100	Maryland 100. STREET AND NUMBER		·=·			inore	City		10g, CIT	1 X YES 2 NO	
EB	2000 O'Dell Ave A	Apt. 508		2123	7			USA			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E	RMED NO	If yes, sp	ecify Cuban, M	lexican, Pue	HGIN? (Specify Yes orto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 L YES	2 1 NO 5	Specify:			Specify: White	
8	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DE	CEDENT'S US	SUAL OCCUPATION Red done during more retired.)	ON ost of working		16b. KIND OF BUS	INESS/INC		
COMPLETED	Elementary/Secondary (0-12) 6th grade	College (1-4 or 5+)			oriver			Butta	Bro	thers	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER	'S NAME (Fi	irst, Middle, Maiden	Sumame)		
BE (Gustavus Davis							Clemens			
2	19a. INFORMANT'S NAME (Type/Print)							Number, City or Town			
-	Edward H. Davis									, Md. 21074	
	20a. METHOD OF DISPOSITION 1	oval from State	cemetery, cre	and OATE OF	oisposition(Na Liplaca) Lipemati	one of			20c. LOCATION — City or Town, State Hampstead, Maryland		
ш	21. SIGNATURE OF CONTRAL SERVICE LIC	ENSEE	, o	1011 (ND ADDRESS (T/		_	ral Home	
	> Steven	W. El	ine		934	S. Mai	n Str			ead, Md. 21074	
N	23. PART I. Enter the diseases, or cashock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only Die Cause	AS A conse	lun	t enter the mo	Stu	such as o	edulu	ratory and	Approximate interval Between Onset and Desth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEC	QUENCE OF):					/		
MEDICAL	PART II. Other significent conditions	contributing to de	ath but not r	resulting in	the underlyin	g cause give	n in Part i	1 YES		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DIO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PI	ACE OF DEAT	H (Check onl	ly one)			
₹	1 TYES 2 NÃO 27. MANNER OF DEATH	1 Mpatient 2 EF		DOA 4	☐ Nursing Horn						
ВУ Р	1 Netural 5 Pending Investigation	(Month, Day,		26b. TIME (YY WC	YES 2 N		DESCRIBE NOW IF	IJURY OC	CURED	
8	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	NJURY — At ho . (Specify)	ome, farm, stre	eet, factory, offic	•	261,	LOCATION (Street a City or Town, State)	nd Number	or Rural Route Number,	
APLET		CIAN: To the best of my									
COMPL	MEDICAL EXAMINE		ilnation and/or	investigation,	In my opinion, d	leath occured a	it the time,	data and place, and	d due to th	ne cause(a) and manner as stated.	
O BE	296. SIGNATULE AND TITLE OF CENTURER		144		,	D 28	33	9	29d DAT	E SIGNED (Morith, Day, Year)	
۲	30. NAME AND ADDRESS OF PERISON WHO	COMPLETED CAUSE OF	OF DEATH (ITE	M 27) (Type, Pi	Whe	el lo	vel	Rel	10-	MONINE	
	31. DATE FILED (Month, Day, Year)	32. REGISTRUR'S	SIGNATURE	ar-Mand	Less			V	ili	(-001)	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OI	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	NORMA R. ENDACOTT					FEBRUARY		3. 10:30 p M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	065-14-1458	1 M 2 XF		ONTHE DAYS		(Month, Day, Year)	- 1	Country)			
	9a. FACILITY NAME (If not institution, give str	net and number		L OUTH TOUR		MARCH 24,		VERMONT			
œ			1 "	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	MONTGOMERY GENERA	L HOSPITAL		0]	LNEY		MONTG	OMERY			
100	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40a CITY	TOWN OR LOC	ATION						
堂			100. 0111,					10d. INSIDE CITY LIMITS?			
		ONTGOMERY			ILVER SPR	ING		1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			- 1	01. ZIP CODE		10g. CITIZER	OF WHAT COUNTRY?			
iii i	3272 GLENEAGLES	DRIVE			209	06	rinu	ED STATES			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	ECENDENT OF HISPAN	IC ORIGIN? (Specify Yes		. RACE — American Indian.			
	1 Never Married 2 Merried	FORCES? 1 YES			specify Cuban, Mexical S 2 X NO Specify			Black, White, etc. Specify:			
BY	3 🔀 Wildowed 4 🗌 Divorced			1	io 220 no opocny			WHITE			
유	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	HAL OCCUPAT	TION	16b. KIND OF BU	SINESS/INDUS	TRY			
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	k done during r etired.)	nost of working						
립		5+	SOCIA	AL WOR	KER	MONTGO	MERY C	COUNTY			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
	COPDON	EVANS ROBE	מחמי			EARL CLEME		DUDDOUGUG			
B	19a. INFORMANT'S NAME (Type/Print)	EVANS ROBE									
2	243 (100000) 116 (27 100) 50	III T DD				Noute Number, City or Tow					
	JONATHAN H. M						_	ARYLAND 20906			
	20a. METHOD OF DISPOSITION 1 Durial 2\(\tilde{\Lambda}\) Cremation 3 Demo-	val from State Co	b. PLACE AND DATE OF	DISPOSITION (I	Name of RRIIARY 27	1 993 20c. LO	CATION — City	or Town, State			
	4 Donation 5 Other (Specify)		MONTGOMER	CREM	ATORIUM 1	NC. BE	THESDA	, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME ROBE	AND ADDRESS OF FAC	PHREY FUNE	PAT. HC	MF/			
	▶ ()	Y all	W00225	ROCK	VILLE, IN	C. 300 WES	TMONT	GOMERY AVENUE			
	23. PART I. Enter the diseases, or co	monttobelone that anne	M00335	ROCK	VILLE, MAI	RYLAND 208	50				
	shock, or heart failure, E	ist only one ceuse on	eech line.					Interval Between			
- 1	IMMEDIATE CAUSE (Finel	1.0	- /	0	0	00		Onset and Death			
	disease or condition resulting in death)	(a oro fer	us solver								
		DUE TO (OR AS	A CONSEQUENCE OF):								
Z	Sequentially list conditions, 6.	Journe	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:								
CERTIFICATION	if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	Torder							
3	CAUSE (Disease or Injury C.	18oust 6									
는	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	0	0 1	and I	In-				
H	d.	1920ania	(How c	Dreed	my -		100				
	PART II. Other significent conditions	contributing to death	had not mouthly a to	07300		1					
CAL	Abdominal To	mt a Carea	Am Po	the underlyi	-Thac	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	V	ose; Remot	- Januar		rian Car	1 1 TES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
ME	o Eccusive 012	se; Klust	a July lo	- 000	son con	und.		1 FYES 2 NO			
7	Eslevis me adly	seems d	Redeating	Eul	m 55.	_					
¥.	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Che	ck only one)					
PHYSICIAN:		HOSBITAL: 1 Impatient 2 Impati		THER:	me 5 - Residence	S C Other (Creeks)					
Ξ	27. MANNER OF DEATH	28e. DATE OF INJURY			JURY AT	28d. DESCRIBE HOW I	NUMBY OCCUR	ED.			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y W	ORK? YES 2 NO						
B	2 Accident Investigation	28e PLACE OF IN HIS	Y — At home, farm, stre			***************************************					
요		building, etc. (Sp.	ecify)	et, factory, off		281. LOCATION (Street City or Town, State)	and Number or i	Hural Houte Number,			
	3 Suicide 8 Could not be 4 Homicide determined	Demontal, etc. (Op.									
	4 Homicide determined	outling, etc. (c)						The second secon			
IPLETI	4 Homicide determined 29e. CERTIFIER (Check only)	IAN: To the best of my kno									
OMPLET	4 Homicide determined 29e. CERTIFIER (Check only)	IAN: To the best of my kno						euse(e) and manner as stated.			
E COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only)	IAN: To the best of my kno				time, data and place, an	d due to the c				
H	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my kno			death occured at the	time, data and place, an	d due to the c	Suss(e) and manner as stated. GNED (Month, Day, Year) 24/93			
ш	29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of my kno : On the basis of examinati	on and/or investigation,	In my opinion,	death occured at the	time, data and place, an	d due to the c	GNED (Month, Day, Year)			
H	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITUE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	IAN: To the best of my kno : On the basis of examinati	on and/or investigation, EATH (ITEM 27) (Type, Pr	In my opinion,	29c. LICENSE NUM	time, data and place, and	29d. DATE SI	GNED (Month, Day, Year)			
띪	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITUE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	IAN: To the best of my kno : On the basis of examinati COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	in my opinion,	29c. LICENSE NUM	time, data and place, and	29d. DATE SI	GNED (Month, Day, Year)			
띪	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 200. BIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO MAND H. D7A2 M	IAN: To the best of my kno : On the basis of examinati COMPLETED CAUSE OF D	on and/or investigation, EATH (ITEM 27) (Type, Pr	in my opinion,	29c. LICENSE NUM	time, data and place, and	29d. DATE SI	GNED (Month, Day, Year)			



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

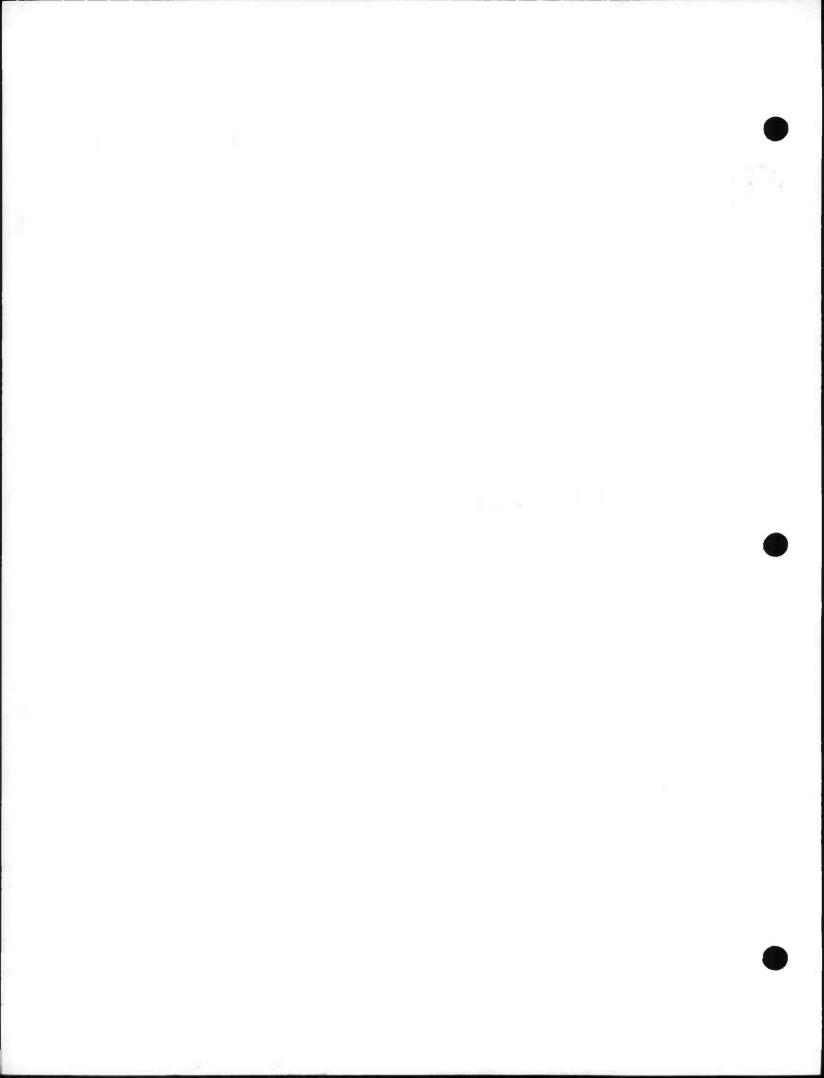
	REGISTRAR		CERTIF	ICATE (OF DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	LYMAN EUGI	ENE EAST	ERLY		2. DATE OF DE			3. TIME OF DEATH
	LYMAN FA	RSTERLY				МОНТН	2 CAY	DYFAR DA	6:20 DH
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIR	7 / /	9 9197	HPLACE (State or Foreign
	210 02 1017				YS HOURS MIN.	(Month, Day,	Year)	Count	(ry)
- 1	219-03-1917	41 / .	I ma.				, 1921		AHOMA
-	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	WN OR LOCATION OF DI	EATH	9c. CO	UNTY OF	DEATH
0	HOLY CROSS HOSPITA	AL.		SILVE	R SPRING		MON	TGOM	ERY
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY						1101		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	DCATION				10d. INSIDE CITY LIMITS?
	MARYLAND MONT	TGOMERY	S:	ILVER	SPRING				1 TYES 2 NO
4	10e. STREET AND NUMBER				101. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
8	10118 MCKENNEY AVE	NIIF			20902			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPAI		othy Visa or No		E — American Indian,
	1 Never Married 2 X Married	FORCES? 1 TY YES	2 NO	If ye	s, specify Cuban, Mexica	n, Puerto Rican,	etc.)	Blac	k, White, etc.
B	3 Widowed 4 Divorced	WW II	AIES	_ ' <u>_</u>	YES 2 NO Specifi	y:		Spec	
0	15. DECEDENT'S EDUC		16a. DECEDENT'S	HEHAL OCCU	PATION	465 KMID	OF BUSINESS/III	IWHI	1E
E	(Specify only highest grade	completed)	(Give kind of a	work done durin	NTRACTOR	IOD. KIND	OF BUSINESS/II	NUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)				- 1			
M	12		PLUMBING	3 & HE	ATING				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)	r.	
BE	ROY ALBERT EASTE	ERLY			INA DO	ROTHY P	ENDLETO	N	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet and Number or Rural i	Route Number, City	or Town, State, 2	Zip Code)	20902
F	DOROTHY S. EASTER	RLY (WIFE)	10118	McKEN	NEY AVENUE	SILVE	R SPRIN	IG. M	ARYLAND
1	20 METHOD OF DISPOSITION	20b	PLACE AND DATE	OF DISPOSITIO	N (Name of		20c. LOCATION -		
	1 A Buriel 2 Cremation 3 Remo	oval from State cam	ORT LINCO	ther place!					ARYLAND
	21. SIGNATURE OFFUNERAL SERVICE LIC		MI LINO		E AND ADDRESS OF FA		DKENIWC	OD, FL	AKILAND
	malia.				NCIS J. CO		UNERAL	HOME	. TNC.
	- William	The local	v = ==						.,MD.20901
	23. PART i. Enter the diseases, or c	omplications that caused	the death. Do n	not enter tha	mode of dying, suc	h as cardiac o	r respiratory a	rreat,	Approximate
	shock, or heart failure. I	List only one cause on e	ach line.						interval Between Onset and Death
	disease or condition	1000	1	7	selure			De la fa	
	resulting in death)	and the same of the same of	CONSEQUENCE OF	4 !	accure				Lweeks
		All	- 011	1	4 Π	/	77 .		Zweeks Yeaks
CERTIFICATION	Sequentially list conditions,	DUE TO 100 AC A	CONSEQUENCE OF	truck	ve pu	money	y Puss	lask	gears
FI	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (ON AS A	CONSEQUENCE OF	r):		/			
일	CAUSE (Disease or injury	DUE TO COD AC A	CONSEQUENCE OF						
ĒΙ	that initiated events resulting in death) LAST	DOE TO (OH AS A	CONSEQUENCE OF	r);					i :
<u> </u>		L							
7	PART II. Other significant condition	s contributing to death b	ut not resulting	in the under	lving cause given in	Part I. 24s. 1	MAS AN AUTOPS	y 241	. WERE AUTOPSY FINDINGS
DICAL	Coronary Ax						PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
	Cerement 4 111	- I CK 9 P	138436			_ '0	YES 2 NO		OF DEATH?
Ž						_			1 TES 2 NO
PHYSICIAN: ME									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			6. PLACE OF DEATH (Ch	eck only one)			
Š	1 TES 2 NO	HOSPITAL:	atlent 3 DOA	OTHER:	Home 5 - Residence	8 Other (Spec	ify)		
Ē	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIM	E OF 280	. INJURY AT		HOW INJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY 1	WORK?				
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, farm, s			28f LOCATION	(Street and Numb	er or Bural	Physica Number
	4 Homicide 6 Could not be	building, etc. (Spec	ify)	,,		City or Town	, State)	or or morer.	riodio rumosi,
E I	an- common V								
릴		CIAN: To the best of my know							
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basia of axaminetion	and/or investigation	n, In my opinie	on, death occured at the	time, data and pi	lace, and due lo	the cause(a) and manner as ateled,
Ш	29b. SIGNATURE AND TITLE OF CERTIFIER	,	,		29c. LICENSE NUI	MBER	29d. DA	ATE SIGNE	(Month, Day, Year)
œ	KITB-	- me A	m		1755	7	.	2/11	102
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /Turns	Print)	200	/	0	7 20	117
	A.T. Rama	- K MI	4/1=	1.1	e DR. L	1/60	ta >	21	21906
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		66/16	UR.	neal	on, "	100	ser ou
	MAR 03 '93		MANAGERAL BE	2					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours efter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

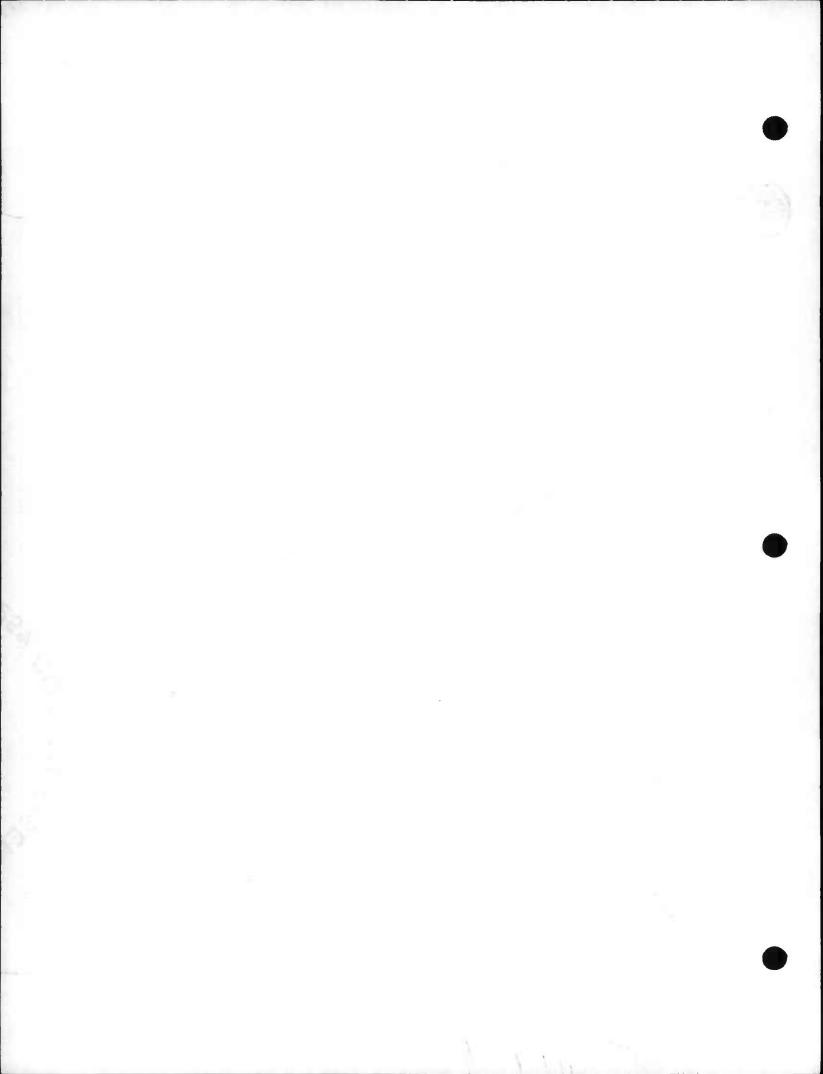
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trace be find within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.						
- 4	1. OECEDENT'S NAME (First, Middle, Last)			2	DATE OF DEATH	YEAF	3. TIME OF DEATH				
7	MARGARET		EBO	F	bruary 1						
3		MO	UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	B. Biff	TTHPLACE (State or Foreign untry)				
	246-34-1103 1 D M 2 D M	99 YRS.		JA.	N. 28/8		DUTHCAROLINA				
~	9a. FACILITY NAME (If not institution, give street and number)	9b	o. CITY, TOWN O	R LOCATION OF DEAT	н	9c. COUNTY O					
ō	11401 Capstan Drive		Upper	<u>Marlboro</u>		Prince	George's				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATE	ON			10d. INSIDE CITY				
F -	MARYLAND PRINCE GEORGE	'S UF	PPER MA	RLBORO			LIMITS?				
A	104, STREET AND NUMBER		101.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
FUNERAL	11401 CAPSTAN DRIVE			20772		USA	1				
2	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1	TER IN U.S. ARMED		ENDENT OF HISPANIC city Cuben, Mexican, F		or No- 14. R/	ACE — American Indian, lack, White, etc.				
ВУ	1 Never Married 2 Married IF YES, GIVE WAR 0	OR DATES		2 NO Specify:	rooms recent, etc.)		pecify:				
	15. DECEDENT'S EDUCATION	16a. OECEOENT'S USU	IAL COCURATION		16b, KIND OF BUS	1	BLACK				
	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	done during mos	t of working	IOD. KIND OF BUS	SINESS/INDUSTR					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 9th	HOMEMA	AKER		PVI	. •					
S S	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME	(First, Middle, Maiden	Surname)					
BE C	BURRELL EBO			ELIZA	LARK						
6	19a. INFORMANT'S NAME (Type/Print)			d Number or Rural Rou							
-	BARBARA BANKS	11401 (CAPSTAN	DR. UPPE	R MARLBOR	10, MD 2	20772				
	20a, METHOO OF OISPOSITION XXBurlal 2 Cremation 3 Removal from State	20b. PLACE ANO DATE OF D	ISPOSITION (Nan	ne of		CATION — City or					
	4 Donation 5 Other (Specify)	cempter cremeter notati			2-22 BRENTWOOD, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10.01	22. NAME AN	B. JENKI	NS FUNERA	L HOME					
	Juliuana. X X	Witon		LANDOVER		,	D 20785				
	23. PART i. Enter the diseases, or complications that ce shock, or heart failure. List only one cause	used the death. Do not	enter the mod	le of dying, such a	s cardiac or respi	ratory arrest,	Approximate interval Between				
- 1			-		0.						
J	disease or condition a	rissle	Cleratic Cardiovascular DENCE OF): disease								
	DUE TO (OR	AS A CONSEQUENCE OF):		line.							
2	Sequentially list conditions,				wee p		· !				
0	if any, leading to immediata cause. Enter UNDERLYING										
ATIO		AS A CONSEQUENCE OF):									
FICATIO	CAUSE (Disease or injury	AS A CONSEQUENCE OF):									
RTIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	AS A CONSEQUENCE OF):									
CAL CERTIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events C. DUE TO (OR	AS A CONSEQUENCE OF):	he underlying	cause given in Pa	rt i. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO				
DICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	AS A CONSEQUENCE OF):	he underlying	cause given in Pa	rt i. 24e. WAS AN PERFOR	MED?					
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	AS A CONSEQUENCE OF):	he underlying	cause given in Pa	PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	AS A CONSEQUENCE OF):			PERFOR	MED?	MARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in desth) LAST DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. D. DUE TO (OR d. D. D. D. D. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	AS A CONSEQUENCE OF):	26. PL/	ACE OF DEATH (Check	PERFOR 1 YES 2 only one)	MED?	MARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in desth) LAST DUE TO (OR d	AS A CONSEQUENCE OF): with but not resulting in the constant of the constant	26. PL/ THER: Nursing Home F 28c. INJU	MCE OF DEATH (Check	PERFOR 1 YES 2 only one)	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN: MEDICAL	CAUSE. (Disease or Injury that initiated events resulting in desth) LAST DUE TO (OR d	AS A CONSEQUENCE OF): with but not resulting in the constant of the constant	26. PL/ THER: Nursing Home 7 28c. INJU	MCE OF DEATH (Check	only one) Other (Specify)	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in desth) LAST DUE TO (OR d	AS A CONSEQUENCE OF): Ith but not resulting in the state of the state	28. PLJ THER: Nursing Home Y WOF M 1 Y	ACE OF DEATH (Check 5 S) Residence 8 [IRY AT 21 IRY ES 2 NO	only one) Other (Specify) Bd. DESCRIBE HOW II	NJURY OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deal destanding in desth and the conditions contributing to deal destanding in the conditions conditions contributing to deal destanding in the conditions contributing to deal destanding in the conditions contributing to deal destanding in the conditions contributing to deal destanding in the conditions contributing to deal destanding in the conditions contributing to deal destanding in the conditions conditions conditions contributing to deal destanding in the con	AS A CONSEQUENCE OF): Ith but not resulting in the state of the state	28. PLJ THER: Nursing Home Y WOF M 1 Y	ACE OF DEATH (Check 5 S) Residence 8 [IRY AT 21 IRY ES 2 NO	only one) Other (Specify) Bd. DESCRIBE HOW II	NJURY OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	CAUSE. (Disease or Injury) CAUSE (Disease or Injury) That initiated events resulting in desth) LAST PART II. Other significant conditions contributing to destanting in desth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJuly Homicide etc.	AS A CONSEQUENCE OF): oth but not resulting in the second of the second	28. PLJ THER: Nursing Home F F 28c. INJU WOF M 1	ACE OF DEATH (Check 5 \$ PResidence 8 (Interpretation of the Check 1 5 PResidence 8 (Interpretation of the Check 1 5 PResidence 8 (Interpretation of the Check 2 1 PRESIDENCE 1 PRESIDENC	only one) Other (Specify) Bd. DESCRIBE HOW II City or Town, State)	NJURY OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	CAUSE. (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deal destanding in desth. LAST 25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1 See 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	AS A CONSEQUENCE OF): oth but not resulting in the second of the second	28. PLJ THER: Nursing Home F Zec. INJU WOF M 1 7 You et, factory, office	ACE OF DEATH (Check 5 \$ Residence 8 (Interpretation of the Property of the	only one) Other (Specify) Bd. DESCRIBE HOW II Bt. LOCATION (Street a City or Town, State)	NJURY OCCURED and Number or Rur	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in desth) LAST DUE TO (OR d	AS A CONSEQUENCE OF): oth but not resulting in the second of the second	28. PLJ THER: Nursing Home F Zec. INJU WOF M 1 7 You et, factory, office	ACE OF DEATH (Check 5 \$ Residence 8 (Interpretation of the Property of the	only one) Other (Specify) Bd. DESCRIBE HOW II City or Town, State) the cause(a) and mer- ne, data and place, an	NJURY OCCURED and Number or Rur oner as stated, d due to the caus	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N				
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE. (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deal d. 25. WAS CASE REFERRED TO MEDICAL EXAMINED: 1	AS A CONSEQUENCE OF): oth but not resulting in the second of the second	28. PLJ THER: Nursing Home F Zec. INJU WOF M 1 7 You et, factory, office	ACE OF DEATH (Check 5 S Residence 8 SRY AT RK? ES 2 NO 21 and place, and due to seth occured at the time	only one) Other (Specify) Bd. DESCRIBE HOW II City or Town, State) the cause(a) and mer- ne, data and place, an	NJURY OCCURED and Number or Rur oner as stated, d due to the caus	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events that initiated events resulting in desth) LAST DUE TO (OR d	AS A CONSEQUENCE OF): oth but not resulting in the state of the state	26. PLJ THER: Nursing Home F 28c. INJU WOF M 1 V et, factory, office the time, data and my opinion, de	ACE OF DEATH (Check 5 \$ Residence 8 18Y AT 21 18K? ES 2 NO 21 and place, and due to beth occured at the time 29C LICENSE NUMBER	only one) Other (Specify) Bd. DESCRIBE HOW II City or Town, State) the cause(a) and merie, data and placa, and	NJURY OCCURED and Number or Rur oner as steted. d due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N				
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events that initiated events resulting in desth) LAST DUE TO (OR d	AS A CONSEQUENCE OF): oth but not resulting in the state of the state	28. PLJ THER: Nursing Home F F 28c. INJU WOF M 1	ACE OF DEATH (Check 5 \$ Residence 8 18Y AT 21 18K? ES 2 NO 21 21 22 24 25 26 26 26 26 27 28 28 28 28 28 28 28 28 28	only one) Other (Specify) Bd. DESCRIBE HOW II City or Town, State) the cause(a) and merie, data and placa, and	NJURY OCCURED and Number or Rur oner as steted. d due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N				
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

1. DECEDENT'S NAME PAST, Middle, Last)

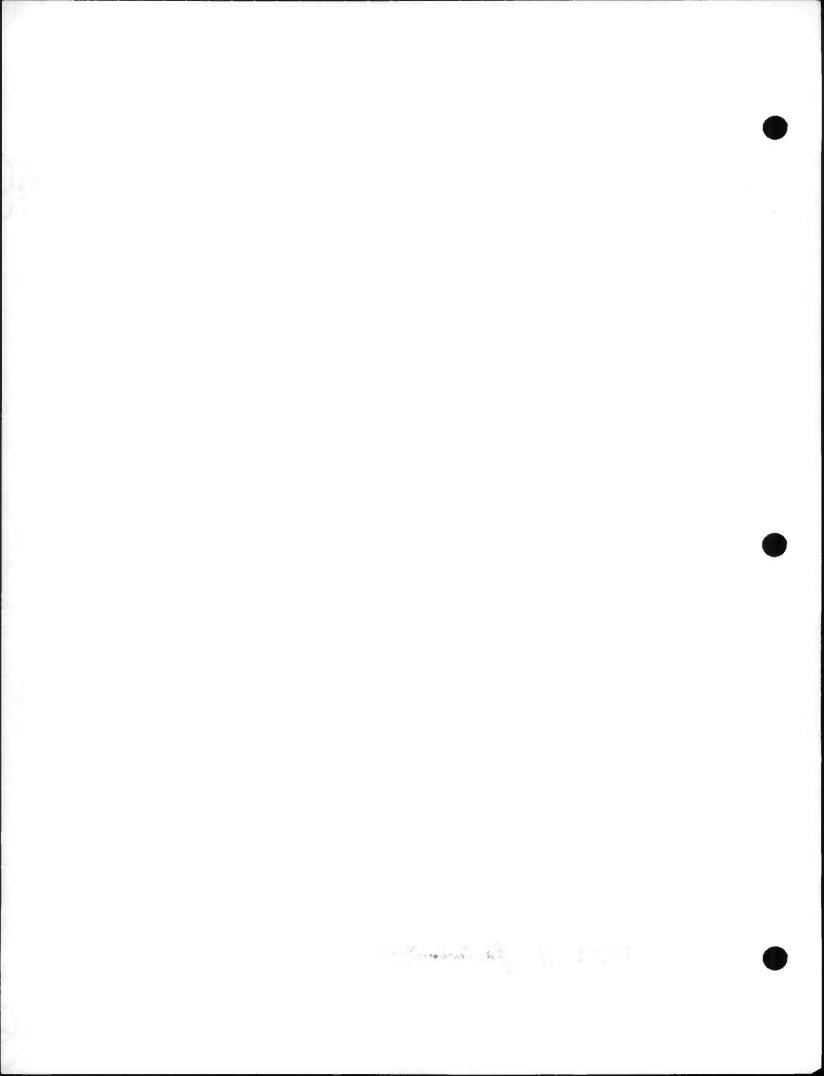
(DELORES IRENE EARNEST)

2. DATE OF DEATH MONTH

DAY

DAY

	200	1. DECEDENT'S NAME (Nist, Middle, Last,		RES I	RENE I	EARNES	ST)	DEAT		2. DATE OF DEATH MONTH DA	AY	YEAR 3.	TIME OF DEATH	
pp		4. SOCIAL SECURITY NUMBER 220-26-4753 9a. FACILITY NAME (II not institution, give	1 🗌 M 2 💢 F	AGE (In yrs.	2 YRS.		DAYS	IF UNDER:	MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/10/193		Washi	ngton, DC	
	TOR	Washington Adven		tal				Park		тн		tgomer		
permit.	L DIRECTOR	10e. STATE 10b. COUN	ce George'	S		y, town on verdal	e					1	Od. INSIDE CITY LIMITS? YES 2 NO	
sit	FUNERAL	5707 Sheridan St	7				2	20737	,		U.S.A.			
21215-0020 or attending physician, rr use as the burial-trat	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2	ARMED X NO	RMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Ves or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					or No-	14. RACE — Black, V Specify:	American Indian, white, etc. White	
ND 2121: hospital or atter ached for use a	COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			(Give kind of	(GNe kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUS		DUSTRY		
TLA by the be det	E COM	17. FATHER'S NAME (First, Middle, Last) Henry L. Leedy		18. MOTHER'S NAME (First, Mich Ada Jackson					_					
MAR retained 5 should 10tified	TO B	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Runal Ro	oute Number, City or Tow			00707	
		Gary Earnest 20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rea 4 Donation 5 Other (Specify)	CEANDDATE	A Sheridan Street, Riverdale, Maryland 20737 ATEOF DISPOSITION (Neme of a cotten place) or other place of a cotten pla							State			
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE L	KENSEE F. Bell	LINC	22. N/ F1	anc	D ADDRES	asch	's Sons F	unera	ıl Hom	e, P.A.		
24 hours filled in t tion, or re-		23. PART i. Enter the diseases, pr shock, pr heart fellure iMMEDIATE CAUSE (Finei disease or condition resulting in death)	complications that co. List only one cause	oused the	death. Do i	not enter the	ne mod	Dail de of dyir	ng, such	e Avenue, as cardiac or respi	ratory en	rest,	Approximate Interval Between Onset and Death	
ficate be executed physician and corne prior to burial, ser traumatic executed the prior to burial, ser traumatic executed the prior to burial, ser traumatic executed the prior to burial, ser traumatic executed the prio	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										2mlto		
be death the atten Mental H	AL CERTIFI	DADY is Other significant appointment appointment appointment and all his areas areas and all his areas and all his areas areas and all his areas and all his areas areas and all his areas areas areas and all his areas areas areas areas and all his area											ERE AUTOPSY FINDINGS	
	: MEDICAL									PERFOR	- 1	OI OI	AJLABLE PRIOR TO MIPLETION OF CAUSE F DEATH? YES 2 NO	
SICIAN: The law requirection of the State Dept. of the distribution of the state Dept. of the control of the state Dept. of the	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DE					-	
PHYSICI. This cert with the	ВУ РНУ	27. MANNER OF DEATH	1 € Inpetient 2 □ EF 28a. DATE OF INJ (Month, Day,	JURY	28b. TiM	-	Bc. INJI	URY AT RK?		Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OC	CURED		
OR ATTENDING I OR ATTENDING I ORECTOR: After hours after death item 28 is man	딢	Accident investigation Suicide 6 Could not be detarmined	28a. PLACE OF IN building, etc.	IJURY — At . (Specify)	home, ferm,	street, factor	, office	•		261. LOCATION (Street e City or Town, State)	and Number	or Rural Rout	e Number,	
Z Z Z	COMPLE		ER: On the best of my										nd manner as stated,	
TO THE HOSPIT TO THE FUNER be filed within iMPORTANT:	TO BE (296. SIGNATURE AND TITLE OF CERTIFIE	1 10	22	m	0		29c. DEE	NSE NUME	1482	29d, DAT	E SIGNED (M	forth Day, Year)	
(3)		30. NAME AND ADDRESS OF PERSON W	ind, MC) 72	127-	Bino F	ar	nove	n P	ney Gr	Un.	Belt	mD20770	
		FEB 2 4 199	32. REGISTRAR'S	SIGNATURE	n- Hand	ell-			J	0)				

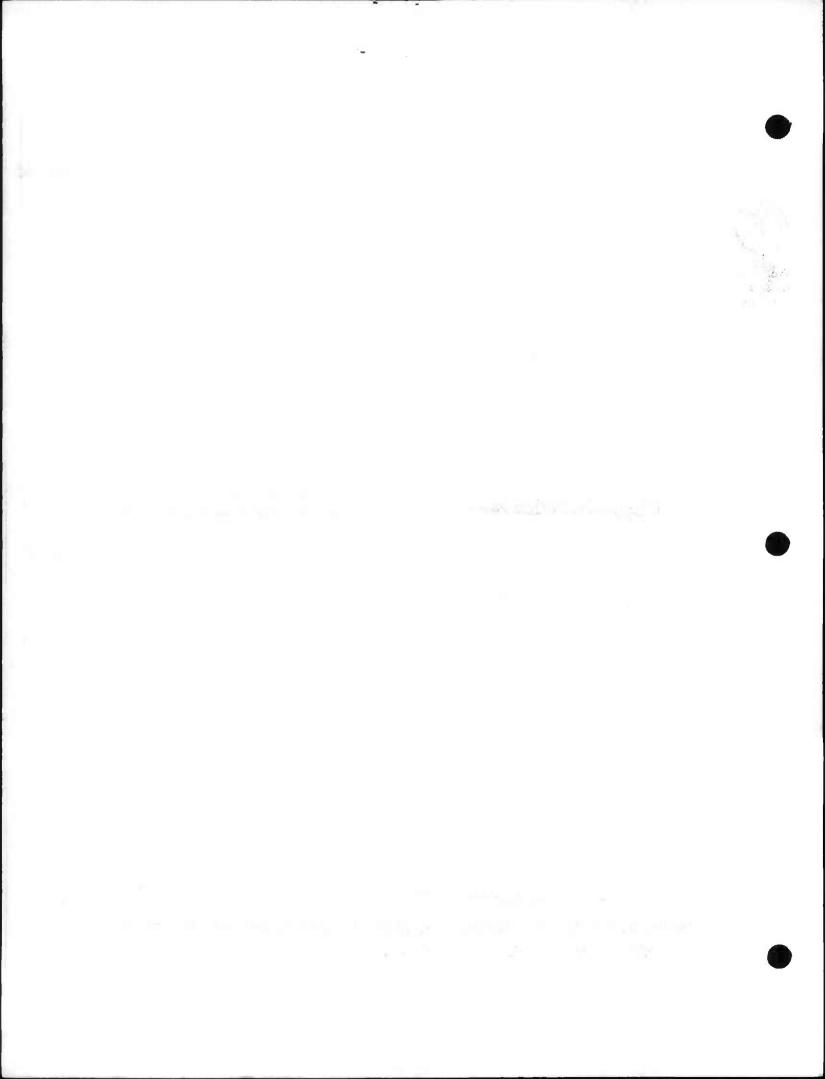


	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND Ce				IEALTH DEAT		MENTA	L HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE	OF DEATN		- 500	3. TIME OF DEATH	
	Carl Vincent Fe	cris, Sr.							Mar	ch 5,™	1993	YEAR	2:00 A.	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	-	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH h, Day, Year)		S. BIRTHP Country	LACE (State or Foreign	n
	579-52-9661	tŽ∏ŠM 2 □ F	85	YRS.	2.00	18168			Ma		, 07	Was	hington	ı D
<u>م</u>	9e. FACILITY NAME (If not institution, give si			•	9b. CITY		OR LOCATIO	ON OF DE	ATH		9c. COUNT			
5	Physicians Memori	ial Hospi	ital			LaP	lata				Chai	rles		
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN		ION						10d. INSIDE CITY	
5	Maryland Cha	rles			Wald	orf							LIMITS?	
FUNERAL	100. STREET AND NUMBER 5125-A Shawe Plac	е		10f. ZIP 20602						10g. CITIZEN OF WHAT CO USA			HAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARI YES 2 KIN	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☆ O Specify: White						,.				
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b	. KIND OF BUS	INESS/INDUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5			work done during most of working se retired.) US Governme					nmer	nt			
BE COI	17. FATHER'S NAME (First, Middle, Last) William Henry Fer	ris					16. MOTH Ra	chel	F.	Middle, Malden : Hardy	Surneme)			
TO B	190. INFORMANT'S NAME (Type/Print) Evelyn F. Miles F	erris	196	5125	ADDRESS -A S	s (Street a	nd Number Pla	or Rumi R	Wald	ber, City or Town	d. State, Zip Co	602	:	
	20e. METHOD OF DISPOSITION	oval from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (Na	me of		DAT	E 20c. LOC	CATION — CIT	ty or Tow	n, State 20604	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE . M. L					D ADDRES			Wai	doll,	rica.	20004	
	Bush	denin Mat	Chews Mu	10053	п	untt	Fun	eral	Hom	e ldorf,	Ма	2060	14	
	23. PART i. Enter the diseases, or c shock, or heart feliure. I	omplications that	t caused tha de	ath. Do r	not anter	tha mo	de of dyl	ng, auch	aa card	dac or respir	ratory arrea	rt,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DIFTO (OR AS A CONSEQUENCE OR)													
NOI	Sequentially list conditions, if any, leading to immediate b. County of the County of													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
CERT	resulting in death) LAST	1.												
CAL	PART II. Other aignificant conditions	s contributing to	death but not re	esulting	n tha un	deriying	causa g	iven in i	Part I.	24a. WAS AN A			WERE AUTOPSY FINDIN	igs
									_	1 TYES 2			COMPLETION OF CAUSE OF DEATH?	Ε
M									_				YES 2 NO	
PHYSICIAN: MED														
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATN (Che	ck only on	e)				-
4×S	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I			4 🗆 Nun		5 Res	_	_					_
<u>a</u>	1 Netural 5 Pending	(Month, De	ay, Year)	26b. TIM INJ	URY	WO		- 1	28d. DES	CRIBE NOW IN	JURY OCCU	RED		
B	2 Accident Investigation 3 Suicide	28e. PLACE OF	F INJURY — At hor	ne, ferm, r	treet, fact			NO	281 1.00	ATION (Street ar	nd Number or	Queel Do	uto Muschar	\dashv
COMPLETED	4 Nomicide 6 Could not be determined	building,	etc. (Specify)			,,				or Town, State)	id ivanibor or	TOTAL NOT	uie ivumoei,	
PLE	29e. CERTIFIER (Check only	AAN: To the best of	my knowledge, dea	ith occurre	d at the ti	me, date	end place,	end due t	to the cau	se(s) and menr	ner as stated.			
O	one) 2 MEDICAL EXAMINES	t: On the basis of ex	camination end/or in	nvestigatio	n, In my o	pinion, de	ath occur	d at the t	ime, date	and place, and	due to the c	:ause(s) (and manner es stated	i.
BE C	296. SIGNATURE AND TITLEYOF CERTIFIES	-1/1	8				29c. LICE						Month, Day, Year)	\dashv
TO B		CH					D-0	2975	5		D 5	7 -	193	
	30. NAME AND ADDRESS OF PERSON WNO							_						\neg
	Daniel M. Howell.	MD. Pemb	rooke So	1.#	L04,	Hgy.	.301	S, V	Valdo	orf, Mo	1. 206	503		
	MAR 0 8 93	Julia	S SIGNATURE	mess										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



993

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

SpecWHITE

X1X YES 2 NO

TEXAS

18:00

BALTIMORE, MARYLAND 21215-002	hours after death. Page 6 may be retained by the hospital or attending phys	lled in by the funeral director, page 5 should be detached for use as the burit, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial hours after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.

notified at once.

must be

examiner

the medical

traumatic event,

item 23 shows any injury, or other

6

BY

COMPLETED

BE

2

1 Watural

2 Accident

3 Suicide

Sai

4 Homicide

5 Pending

29b. SIGNATURE AND TITLE OF CENTIFIER

RRV

04

31. DATE FILED (Month, Day, Year)

6 Could not be

Anand

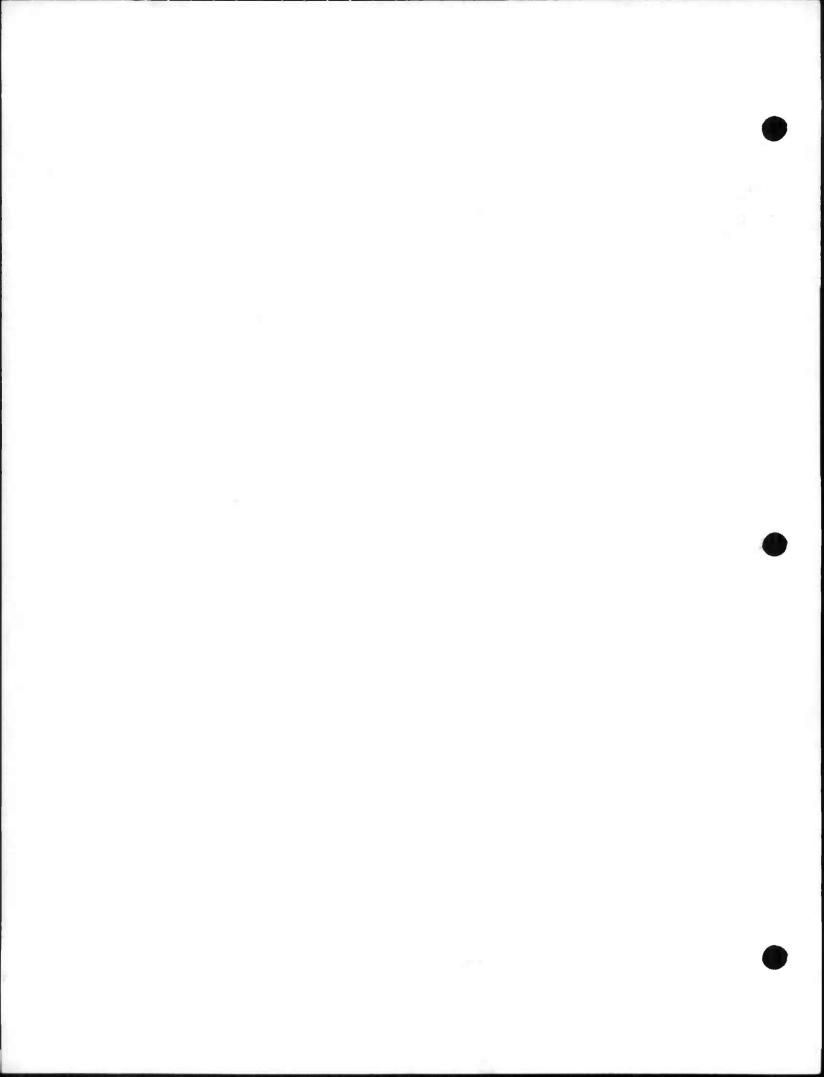
DIRECTOR: After this cer hours after death with th Item 28 is marked, o

TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY Nari 03 4. SOCIAL SECURITY 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR | IF LINDER 24 HRS. 7. DATE OF BIRTH HOURS 167478 1 M 2 X F YRS 2-06 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH as Roma a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD. PRINCE GEORGES AKOMA PARK FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 717 DEVONSHIRE 20912 RD U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 4 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Marri If yes, specify Cuban, Mexican, Pt 1 YES 2. NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 12 ntary/Secondary (0-12) College (1-4 or 5+) PAYMASTER 17. FATHER'S NAME (First, Middle, Last) ROBERT NESBITT IDA BE 19a. INFORMANT'S NAME (Type/Print) 9 EUGENE T. FRECHETTE SAME AS 10e 20a. METHOD OF DISPOSITION
TO Burial 2 Cremation 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of DATE George Washington Cem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ST N.W. WASHINGTON. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) D DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE/ON if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH

GARFINKELS DEPT. STORE 18. MOTHER'S NAME (First, Middle, Maiden Surname) DILL 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. LOCATION - City or Town, State 3/5/93 Adelphi, Md TAKOMA FUNERAL HOME INC 254 CARROLL D.C. Approximata Interval Between **Onset and Death** 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER
(Check only one)

The DECK FINANCE: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 DEDICAL EXAMINER: On the basis of ea ination and/or investigation, in my opinion, death occured at the time, date and place, 294. DATE BIGATED (McDrin, Day, Year) D 34 3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7227-Hanover M120 heenber 32. REGISTRAR'S SIGNATURE Fishe Davids Brondo 80 DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director.	be filed within 72 hours after death with the state Dept. or Hearm and Mental Hygleric prior to burial, clemation, or lemoval.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by	be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If item 28 is marked, or item 23 shows any i

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

93 07082

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIE REG. N	_	3 07082
1. DECEDENT'S NAME (First, Middle, Last) RHODA	FI	NDER			2. DATE OF DEATH MONTH	3 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 056-10-6546	5. SEX 6. AGE (1	yrs. last birthday) IF I	JNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-08	BIRTHPLACE (State or Foreign Country) NEW YORK
9e. FACILITY NAME (If not institution, give stri	TO VENTIST	HOSATAL	CITY, TOWN O	R LOCATION OF DE	ATH S	9c. COUNTY	
10e. STATE 10b. COUNTY NEW YORK WEST	CHESTER	10c. CITY, TO	WILOR LOCAT	ION FO			10d. INSIDE CITY LIMITS? 1 FES 2 NO
100. STREET AND NUMBER	CHESTER		10f.	ZIP CODE	1.E	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES	2 NO	If yes, spe		IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Ves or No 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	160. DECEDENT'S USU (Give kind af work life. Do NOT use ret	done during moi ired.)			BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last)		HOOSEW	IFE	16. MOTHER'S NA	ME (First, Middle, Mak		
HARRY SIMON				SARA	H HOROW	TZ	
190. INFORMANT'S NAME (Type/Print) DR. BENJAMIN FIN	DER				OTOMAC, I		
20e METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 X Remo 4 Donation 5 Other (Specify)	val from State	other place) ETH DAVID				MONT, N	or Town, State IEW YORK
21. SIGNATURE OF FUNERAL SERVICE LIC	MOGE		DANZA		DBERG MEN		CHAPELS, INC. 2, MD. 20852
23. PART I. Enter the diseases, or conshock, or heert feliure. I	list only one ceuse on e	ech line.		de of dying, suc		spiratory arres	Approximate intervel Between Onset and Death
Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF:	nov	AC ULAH	e Du	ense	INDEF
PART II. Other significant conditions	s contributing to death b	out not resulting in t	he underlyin	g ceuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			24 DI	ACE OF DEATH (C)	neck anti-anel	i	
EXAMINER?	HOSPITAL:		THER:		6 Other (Specify)		
27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME O	F 28c. IN.	URY AT	28d. DESCRIBE HO	W INJURY OCCUI	RED
Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 62 23 9	3 A	M 1 🗆	YES 2 40	FOUND	COLLA	eset
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	(- Al home, farm, streetly) // // // // // // // // // // // // //		•	281. LOCATION (Str City or Tayen, S 12400 BAC	tate)	Rural Route Number,
TOTAL OTHY	CIAN: To the best of my know R: On the basic of examination						couse(e) and manner se stated.
296. SIGNATURE AND TITLE OF CERTIFIER	nh.	/	٥	29c. LICENSE NU	MIIER	29d. DATE 1	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON, WH	O DOMPLETED CAUSE OF DA	ATH (ITEM 27) (Type Pri	ho -	D070	99	1 2	23-92
FRANKIS C MAY	E 1048 +	TRNWOOD	RIS	BETHE	550A1	10 20	8171106
31. DATE FILED (Month, Day, Young	Julia David	Lon-Randell					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the a be filed within 72 hours after death with the State Dept. of Health and Men	IMPORTANT: If item 28 is marked, or item 23 shows any injury

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		IENT OF HEAL		TAL HYGIEN		, 0,00	
	1. DECEDENT'S NAME (First, Middle, Last)	James Micha			2. D.	ATE OF DEATH		3. TIME OF DEAT	ГН
	JAMES VI	MICHAEL	FR	OST		NTH E	9	3 134	SM
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR IF U		TE OF BIRTH	, 8.	BIRTHPLACE (State or Fo	oreign
	307 44 0400	1 1 2 F 46	YRS.		10	1-28-	46	Kansas	
DIRECTOR	9a. FACILITY NAME (If not institution, give street 5/0 TOURNA) RESIDENCE OF DECEDENT	Y DR		BETHE				T60MER	Y
EC.	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY	
	MD MEN	TGONBRY	BE	THES	DA			LIMITS?	NO
FUNERAL	10a. STREET AND NUMBER	0		10f, ZIP (CODE		10g. CITIZE	N OF WHAT COUNTRY?	
NE	5601 LAMAR			20	8/6		US	SA	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER IN U.S FORCES? 1 YES 2	₹NO	If yes, specify C	NT OF HISPANIC OR Suban, Mexican, Puer	IGIN? (Specify Ye rto Rican, etc.)	s or No- 14	I. RACE — American India Black, White, etc.	en,
Β¥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	-	1 🗀 YES 2 📆	NO Specify:			Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ITION 16a	. DECEDENT'S USL	AL OCCUPATION	andring.	16b. KIND OF BU	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	life. Do NOT use re	done during most of w ired.)	onang				
MP		5+	General	Manager		Cemet			
	17. FATHER'S NAME (First, Middle, Lest)			18. A	AOTNER'S NAME (Fir	st, Middle, Maiden	Surname)		
BE	Howard Frost 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	PRESS (Street and Nur	Beth (Un		- State 71- Oc		
5	Susan L. Frost			amar Rd.				ode)	
	20a. METNOD OF DISPOSITION 1 G Burial 2 G Cremation 3 G Ramov		CEANODATEOFD	SPOSITION (Name of				y or Town, Stata	
	4 🗆 Donation 5 🗆 Other (Specify)	Mt.	crematory or other Comfor	olace) : Cremato	rv 3	/3 Ale	vandri	a VA	
	21. SIONATURE OF FUNERAL SERVICE LICEI	NSEE		22. NAME AND ADI	PRESS OF FACILITY			· , va	
	michael	E. Meldo	~	Joseph G	awler's :	Sons, I	nc.	ton DC 200	16
1.0	23. PART i. Enter the diseases, pr co	mplications that ceused the ist only one ceuse on each	deeth. Do not	enter the mode of	dying, such es c	erdiac or resp	iratory arrea	t, Approxima	nte
	IMMEDIATE CAUSE (Finei				1			Interval Be Onset and	
- 1	disease or condition resulting in death) a.	C'ARBON I	MONOXI	DE	HSPH)	IXIA		Aci	TE
			Maria San Maria					14/7	EF
ŏ.	Sequentially list conditions, if any, leading to immediate	DEPRE	SEQUENCE OF):	N				1/000	- 1
8	cause. Enter UNDERLYING CAUSE (Disease or injury							ļ	
F	that initiated events resulting in deeth) LAST	DUE TO (OR AS A COM	NSEQUENCE OF):						
CERTIFICATION	d.								
AL.	PART ii. Other significant conditions	contributing to deeth but n	ot resulting in th	e underlying caus	se given in Part i.	24a, WAS AN		24b. WERE AUTOPSY FIL	
음						PERFOI	/	AVAILABLE PRIOR COMPLETION OF	AUSE
ME								1 YES 2 N	10
PHYSICIAN: MEDIC	 								
S C		HOSPITAL:		HER:	F DEATH (Check only	,	./		
HYS	1 TYES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpatient 28s. DATE OF INJURY	28b. TIME OF	Nursing Home 5		Ther (Specify) DESCRIBE HOW I	HOME		
	1 Naturel 5 Pending	(Month, Day, Year) 2 28 9	INJURY	M 1 YES				CO	
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY - A	t home, farm, street		28f. L	OCATION (Street		Rural Route Number,	
	4 Nomicide determined	SOTOURN	MYRD	BETHESI	8	by or Town, State)	16		
ᇤ	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge	, death occurred st						
COMPLETED	one) 2-11 MEDICAL EXAMINER:	On the basis of examination and	l/or investigation, in	my opinion, death or	coured at the time, d	eta and placa, an	d due to the c	ause(a) and manner aa st	ated.
BEO	250. SIGNATURE AND THICE OF CERTIFIER	0///	//	-	LICENSE NUMBER	4.		IGNEO (Month, Day, Year)	\dashv
10 8	Accel	Mille		4	00709	9	D 3.	1-92	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	-				,
		0.1.1.1.1.	,						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	ERNWO	ONGO	BETH	1000	1711	D 2081	>

FRANCIS C MAYLE 10215 FERNINGAR BETHERSON MITTERS

VI

DALLINONE, MANILAND	ours after death. Page 6 may be retained by the ho	y filled in by the funeral director, page 5 should be detact trion, or removal.	the medical examiner must be notified at once.	
DIVISION OF VIEW PECCEDS, F.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 5 should be detached within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burdal, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT				MENTA	L HYGIEN	E	93	0/08
	1. DECEDENT'S NAME (First, Middle, Last)	FEL	DMAN						MONT	OF DEATH	3 , 1	YEAR	TIME OF DEATH 2.30 A M
2		5. SEX 1	6. AGE (In yrs. las:	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont) Sept	of BIRTH h, Day, Year) ember	15,	6. BIRTHPL 1902	RUSSIA
9	9e. FACILITY NAME (If not institution, give stre HEBREW HOME OF GR		ASHINGTO	N		TOWN	LLE	ON OF DE	EATH			TGOME	
рінесто	10e. STATE 10b. COUNTY MARYLAND MONTGO	MERY			Y, TOWN O		TION						od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 6121 Montrose Road	l			-		. zip codi 20852					ed St	ates
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		H	f yes, sp		n, Mexica	in, Puerto I	I? (Specify Yee Ricen, etc.)	or No-	Black, V	American Indien, White, etc.
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondery (0-12)		(Gi life.	ve kind of	USUAL OC work done of se retired.)	CCUPATIO during mo	ON Ist of workli	ng		WN HOM		DUSTRY	
	17. FATHER'S NAME (First, Middle, Last) ISSAC SHUSTER									Middle, Malden			
TO BE	19e. INFORMANT'S NAME (Type/Print) ARNOLD FELDMAN									otomac			d 20854
	20e. METHOD OF DISPOSITION 1	val from State	BETH S						CEMET			city or Town	ights, MD
	21. SIGNATURE OF JUNIERAL SERVICE LICE	5 J	iie		DA	NZAN		-GOLI	DBERG				S, INC. D 20852
	23. PART I the discount, or company of the part follows. L. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	lat only one cau	t caused the de		not enter	the mo	de of dy	ing, auc	ch as car				Approximate interval Between Onset and Deeth
N	Sequentially list conditions,	DUE TO	(OR AS A CONSE	DUENCE C	PF):								
CERTIFICATION	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		(OR AS A CONSEC										
CERTI	resulting in death) LAST												-
MEDICAL	PART II. Other significant conditions	contributing to	deeth but not r	ecuiting	In the un	deriyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR	RMED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE F DEATH?
AN: ME	25. WAS CASE REFERRED TO MEDICAL					00.00	1 405 05 5					1	YES 2 NO
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER W Num	₹:			8 - Othe				
ВУ РНУ													
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building,	of INJURY — At ho	me, ferm,	atreet, fact	ory, offic	>0			or Town, State)		r or Runii Rou	te Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER												nd menner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	_						365			29d. DAT	FE SIGNED (M	fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	SE OF DEATH (ITE	M 27) /8m	a Delect								

31. DATE FILED (Month, Day, Year)
MAR 03 '93 Julia Davidson Mandell. DHMH-18 Rev 1/89

RD

POCKVILLE

MD. 20852

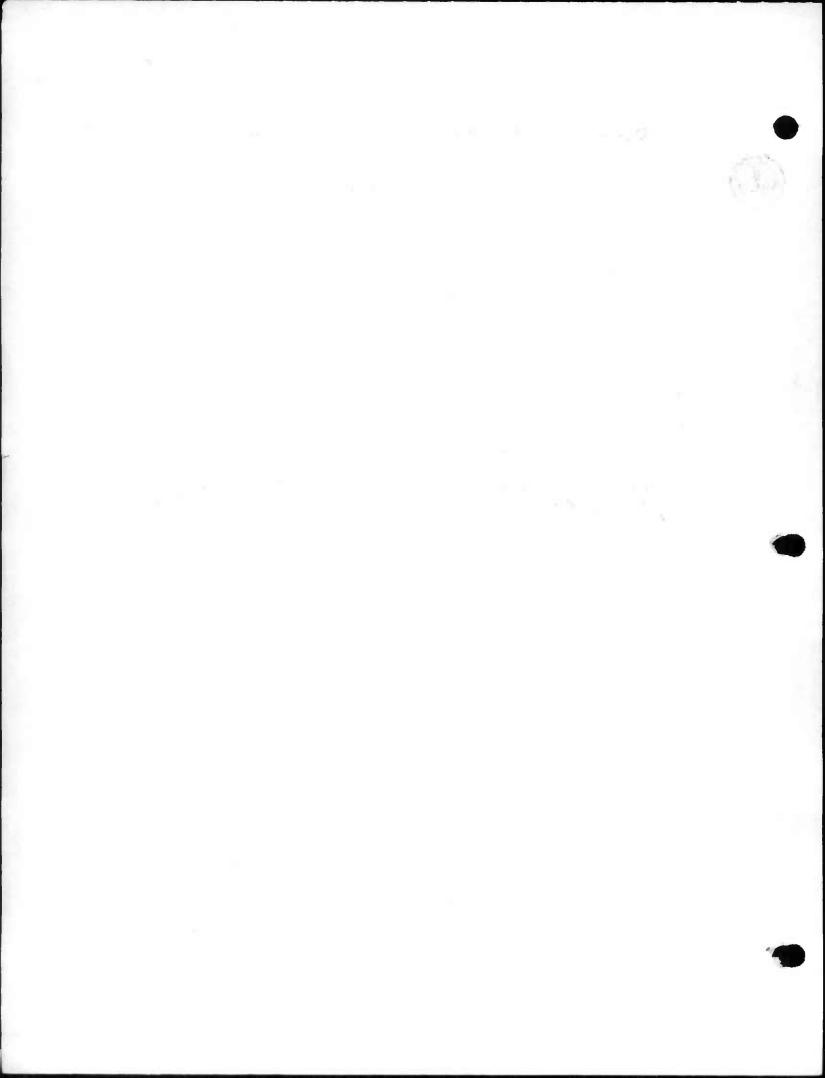
TALWAR

PANKAS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6121

MONTROSE

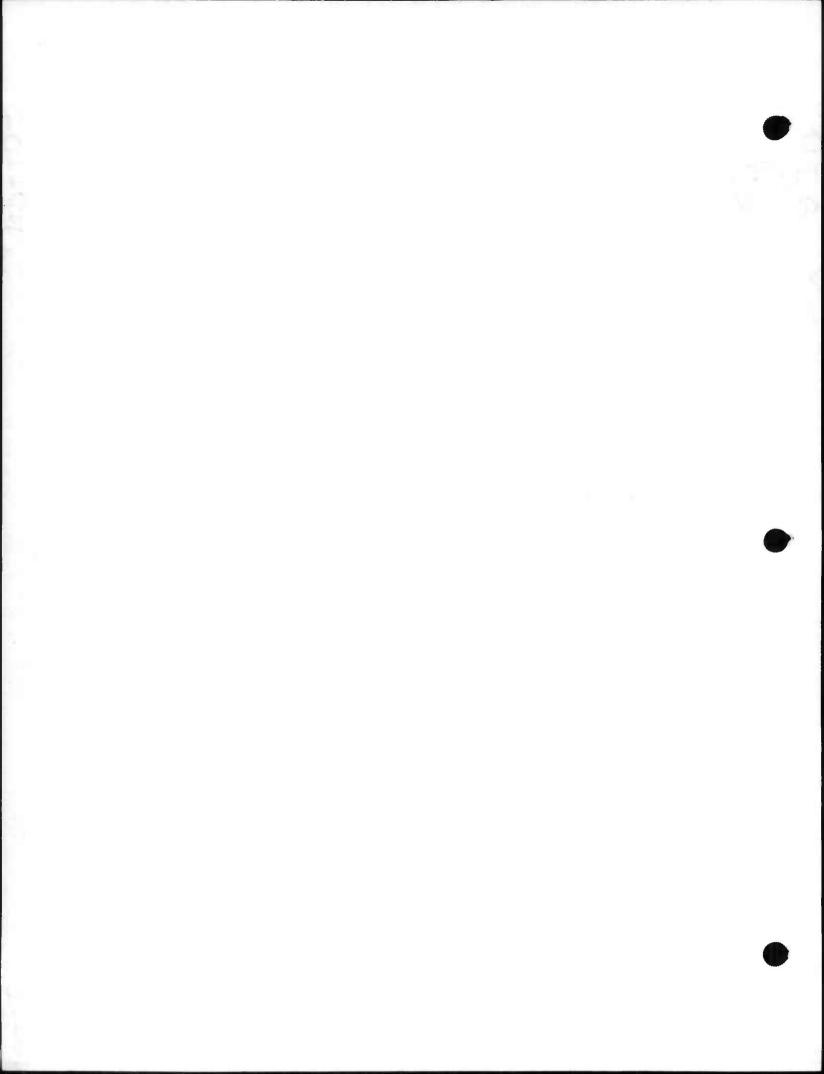


BALTIMORE, MARYLAND 21215-0020	nin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page nation, or removal.	t, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	CATE O	DEATH	REG. N	0.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)	-				·	2. DATE OF DEATH	DAY		3. TIME OF DEAT	TH
	Karl		Frank				FEBRUARY		YEAR 1993	9:07	AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Fo	
9	072-16-2904	1 💢 M 2 🗆 F	76	YRS.	MONTHS DAYS	HOURS MIN.	AUG. 5,	1916	Count	n) ANADA	
	Sa. FACILITY NAME (If not institution, give s	treet end number)			96. CITY, TOWY	OR LOCATION OF D			UNTY OF D		
E I	Montgomery General	Hospita	1		oln	ev		Mo	ntgo	merv	- 3
5	RESIDENCE OF DECEDENT										
DIRECTOR					, TOWN OR LOC	ATION				10d. INSIDE CITY	4
		rgomery		SI	LVER S					1 🗌 YES 2 📉	NO
¥.	10e. STREET AND NUMBER					Of. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
FUNERAL	14400 HOMECREST ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME					20906			ITED	STATES	
5	1 Never Married 2 M Married FORCES? 1 X YES 2 NO				13. WAS D	CENDENT OF HISPA	NIC ORIGIN? (Specify) an, Puerto Rican, etc.)	es or No-	14. RACI Blac	E — American Indi k, White, atc.	len,
À	3 Widowed 4 Divorced	WORLD V				S 2 NO Specif			Spec		
	15. DECEDENT'S EDUC			CEDENT'S	USUAL OCCUPA	TON	16b. KIND OF B	1 SELECC III	I	WHITI	E
	(Specify only highest grade	completed)	(G	ive kind of w Do NOT us	ork done during in retired.)	nost of working	NATIO		ADOSTHA		
5	Elementary/Secondary (0-12)	College (1-4 or 5+	,		YSIOLO				OF I	HEALTH	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		ME	OROFII	1210100		ME (First, Middle, Maid		OF I	DEADIN	_
Ö	CARL FRANK					ETHE		HARRI	C		- 1
0	19e. INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADDRESS (Street		Route Number, City or To				
2	MARGARET M. FRANK	ζ					SILVER S			C CINT 2	0906
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo		20b. PLACE	AND DATED	F DISPOSITION /	Vame of		OCATION -			.0000
	1 Burial 2 Cremation 3 Remo	oval from State	MONTGO	matory or oth	CREMA	ORTUM. I	/28/931			ARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	MQ0831				PHREY FUN				
	Barbara Jo Mo	Mullenc	4)ce	AVEN	SDA-CHEV JE, BETHE	Y CHASE, SDA, MARY	INC. LAND	755° 208]	7 WISCON	ISIN
	23. PART i. Enter the diseases or of shock, or heart failure.	complications that	caused the de	ath. Do n	ot enter the n	ode of dying, suc	ch as cardiac or res	piratory a	rrest,	Approxim	
	IMMEDIATE CAUSE (Final	a d	/		1					interval B Onset and	
	disease or condition resulting in death)	Cak	2diac	1	RRe.	5/				miny	Tes
	a social and the second	DUE TO	OR AS A CONSEC	DUENCE OF):						
Z	Sequentially list conditions,	COR	onaR	4	ARTE	RY DI	sease				
ĔI	if any, leading to immediate	DUE TO	OR AS A CONSEC	DÚENCE OF):	/					
CERTIFICATION	CAUSE (Disease or injury	C. OHE TO	OR AS A CONSEC								
Ē	that initiated events resulting in death) LAST	OUE 10	OH AS A COMSEC	JUENCE OF):						
8	Carlo Carlo	d									
	PART II. Other significant condition	s contributing to	death but not r	esuiting i	the underly	ng cause given in		N AUTOPSY	7 24b	. WERE AUTOPSY F	
EDICAL.	Parkins	07157	21				1 TYES	2 IX NO		AMAILABLE PRIOR COMPLETION OF (OF DEATH?	
MEC									- 1	1 YES 2	NO
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF DEATH (C)	neck only one)				
Š	1 TES 2 K NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing He	me 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIME	OF 28c. I	JURY AT	28d. DESCRIBE HOW	INJURY O	CCUREO		
BY	1 Natural 5 Pending 2 Accident Investigation		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO					
ED	3 Suicide 6 Could not be	28e. PLACE DI building.	F INJURY — At ho	me, farm, s	lreet, factory, of	ice	261. LOCATION (Street City or Town, State		er or Rural I	Route Number,	
H	4 Homicide determined						Only or rown, sta	67			
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the time, da	te end place, and due	to the cause(s) end m	anner as st	ated.		
COMPLET	one) 2 MEDICAL EXAMINE									s) and manner es s	stated.
	296. SIGNATURE AND TITLE OF CENTIFIER			/		29c, LICENSE NU				(Month, Day, Year)	
H	49/100	7- 4	- 6	m	10	75	-7	▶ ∴	1/1/	1. 10 2	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUS	E OF OEATH (ITE	M 27) (Type,	Print)	200		0	146	1172	
	RIT, Benk	CKM				10 10	Wheat	-	mi	1 2000	16
	1 1/1		4	1//	601	IC NE.	voice of	111	1/10	2010	0
	31. DATE FILEO (Month, Day, Year)		SIGNATURE								

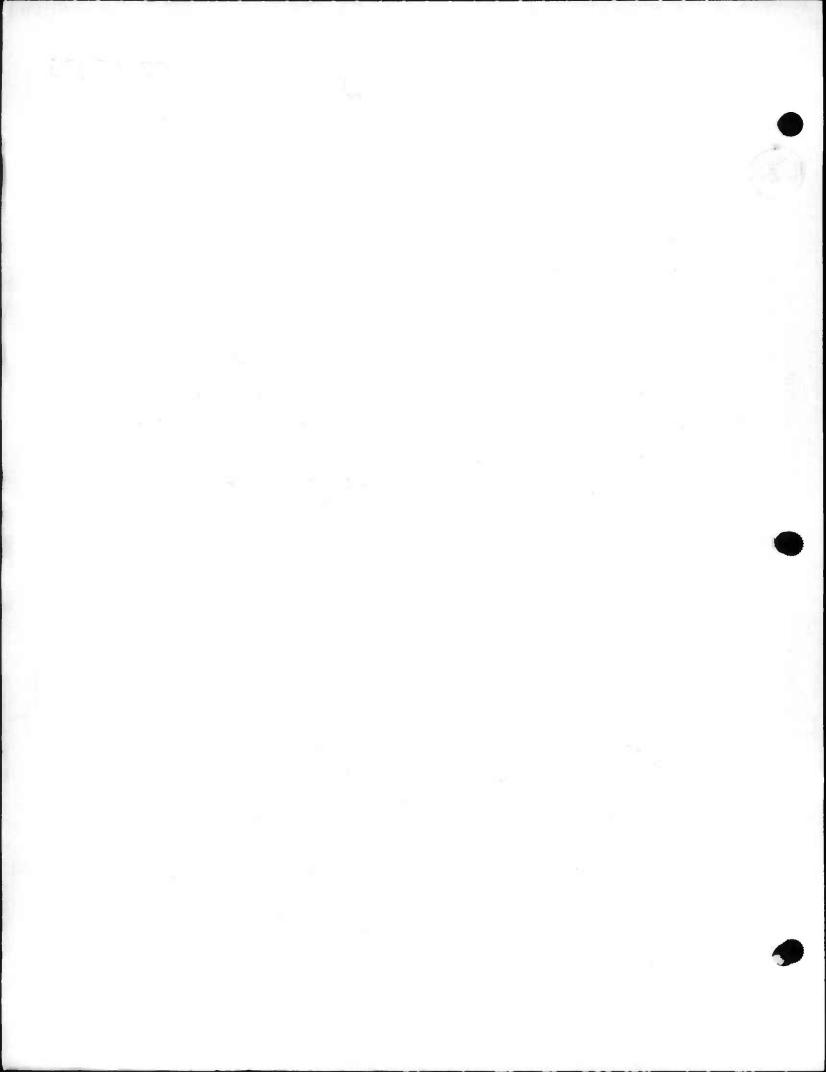


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZY hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 20 be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENE REG. NO.			7000
	1. DECEDENT'S NAME (First, Middle, Last) Esther	S. Fahs				2. DATE C	OF DEATH	97	3. 1	10680 Ar
	076-09-0173	□ M 2 □XF 9]	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7/29	F BIRTH Day, Year) 0/1901	P	ENNS	CE (State or Foreign YLVANIA
CTOR	96. FACILITY NAME (If not institution, give street and number) 97.01 HALL ROAD POTOMAC RESIDENCE OF DECEDENT							9c. COUNTY MON'T		
- DIRECTOR	VIRGINIA FAIRF. 106. STREET AND NUMBER	AX		OWN OR LOCAT					1 [LIMITS? YES 2X NO
FUNERAL	8211 TOLL HOUSE RO	AD WAS DECEDENT EVER IN U	C ADMED		22003 ENDENT OF HISPAN	10 0010111	10016- V		USA	COUNTRY?
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2X NO	If yes, spi	ecity Cuben, Mexical 2 NO Specify	n, Puerto R			Black, Wi Specify:	ASIAN
COMPLETED		ON pleted) 10	Se. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo stired.)	DN st of working			INESS/INDUST		77
OM	17. FATHER'S NAME (First, Middle, Last)		SECRET	AKI	18. MOTHER'S NA			GOVER	NMEN	I
BE	GRANT ULYSSES DO	ORNBAUGH					H STO			
2	190. INFORMANT'S NAME (Type/Print) BETTY STOKES				SE ROAD				,	
	20a. METHOD OF DISPOSITION 1 Greenation 3 Removal from State 4 Dopention 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer), cremetery or other piace) MOUNT COMFORT CREMATORY ALEXANDRIA, VA									
	22. NAME AND ADDRESS OF FACILITY DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA 22314									
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	any honesquency on	me me	de of dylng, such	h aa card	lac Dr respi	ratory arrest		Approximate interval Batween Onset and Death
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions of	ontributing to death but	not resulting in	the underlyin	g ceuse given in	Part i.	24a, WAS AN PERFOR 1 YES 2	MED?	AVA COI OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 4 10
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PI	ACE DF OEATH (Ch	eck only one)			
14SI		Inpatient 2 ER/Outpati		☐ Nursing Horn	Residence			JURY OCCUR	ED	
BY P	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WC	RK?	N.	A	WONT OCCOM		
8	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, stre	et, factory, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET		t: To the best of my knowled							euse(e) en	d menner ee stated.
TO BE C	294 BIGHATURE AND TITLE OF CERTIFIER				D BZ	SENSE NUMBER 13299 29d. DATE SIGNED (Month, 1833)			1/3	
É	30. NAME AND ADDRESS OF PERSON WHO CO	RIER MI	3800	Kasa	won R	PNI	UD	C 2	200	7
	31. DATE FILED (Month, Day 16ar) MAR 04 '93	32. REGISTRAR'S SIGNAT		•						



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	200	2	Par l	#C
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or rem.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medic

		FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR ERTIF	TMENT OF	HEALTH F DEAT	AND ME	NTAL HYGIEN	93	07	1087		
	12.5	DECEDENT'S NAME (First, Middle, Last) Mea Mea Social Security NUMBER		anc				1	DATE OF DEATH DA	- / 19	93	1 45 P		
ъ	TO BE COMPLETED BY FUNERAL DIRECTOR	253-14-81 17	5. SEX 6. AG	79	YRS.	MONTHS DAY			PATE OF BIRTH (Morth, Day, Year) 9/2/191	3 A	Country)	CE (State or Foreign		
		Pa. FACILITY NAME (If not institution, give si Fallston Gen	ita		96. CITY, TOW	N OR LOCATION	ON OF DEATH		of DEATH	1				
		Maryland	Harford		10c. CIT	Y, TOWN OR LO		tsvil	le		7.75	I. INSIDE CITY LIMITS?		
executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit perm to buntal, cremation, or removal. matic event, the medical examiner must be notified at once.		100. STREET AND NUMBER 1404 Dalew	ood Drive			101. ZIP CODE 10g. CITIZEN OF W								
		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. AF S 2 XII DATES		13. WAS I	DECENDENT O	F HISPANIC O	PRIGIN? (Specify Yes serto Rican, etc.)		or No.— 14. RACE — American Indian, Black, White, etc. Specify: Caucasian				
		15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of Do NOT u		most of working	ng	16b. KIND OF BUS	INESS/INDUS	TRY	202011		
		17. FATHER'S NAME (First, Middle, Last) Tolovier	Meadors		по	usewi	_	HER'S NAME (First, Middle, Maiden	Hom Sumame) raine				
		19a. INFORMANT'S NAME (Type/Print) Nancy J. Shew			_	same	as #		Number, City or Town					
		20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of complete), cremetory of other place) 20b. PLACE AND DATE OF DISPOSITION (Name of complete), cremetory of other place) 20b. PLACE AND DATE OF DISPOSITION (Name of complete), cremetory of other place) 20b. PLACE AND DATE OF TOWN, State 20b. PLACE AND DATE OF TOWN, State 20b. PLACE AND DATE OF TOWN, State 20b. PLACE AND DATE OF TOWN, State 20b. PLACE AND DATE OF TOWN, State 20b. PLACE AND DATE OF TOWN, State 20b. PLACE AND DATE OF TOWN, State 20b. PLACE AND DATE OF TOWN, State 20c. LOCATION — City or Town, Sta												
fter death. Pag the funeral di oval.		M. Glade	len Kurs	7		Kı Ja	rtz	Funer tsvil	al Home	rvlan	d			
ited within 24 hours after completely filled in by the fal, cremation, or removal cevent, the medical		23. PART i. Enter the diseases, or a shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Examplications that care of the course of th	each line	s. 5		mode of dyi	ing, such ea	cardiec or reepi	ratory arres	t,	Approximate interval Between Onset and Death day 5		
ficate be executed physician and come prior to burial, ter traumatic events	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
th certification of the certif	CERTIFI	that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSE	OUENCE O	F):								
that ed by h and	MEDICAL	District dementia, 1 yes 2 TO NO OF DEATH?										ILABLE PRIOR TO WPLETION OF CAUSE		
OR ATTENDING PHYSICIAN: The law requires DIRECTOR: After this certificate has been sign hours after death with the State Dept, of Healt Item 28 is marked, or Item 23 shows:	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	rtpatient 3	□ DOA	OTHER:		EATH (Check o	Other (Specify)		<u> </u>			
DING PHYSICI After this cert death with the	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year))		M 1 [INJURY AT WORK? YES 2	NO	I. DESCRIBE HOW IF					
OR ATTENDI DIRECTOR: A hours after de Item 28 Is	ETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJUI building, atc. (St	oecify)					. LOCATION (Street a City or Town, State)	Ver earlies of	Rural Route	Number,		
E SE	COMPL	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my kno				n, death occur	red at the time	, data and place, an		ause(a) and	i manner as stated.		
THE HOSPI THE FUNEF filed within PORTANT:	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1.101	10	1	1	29c. LICE	NSE NUMBER	- > >	29d. DATE S		nth, Day, Year)		

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

3 - 3 - 93

620 Boulton Street

6

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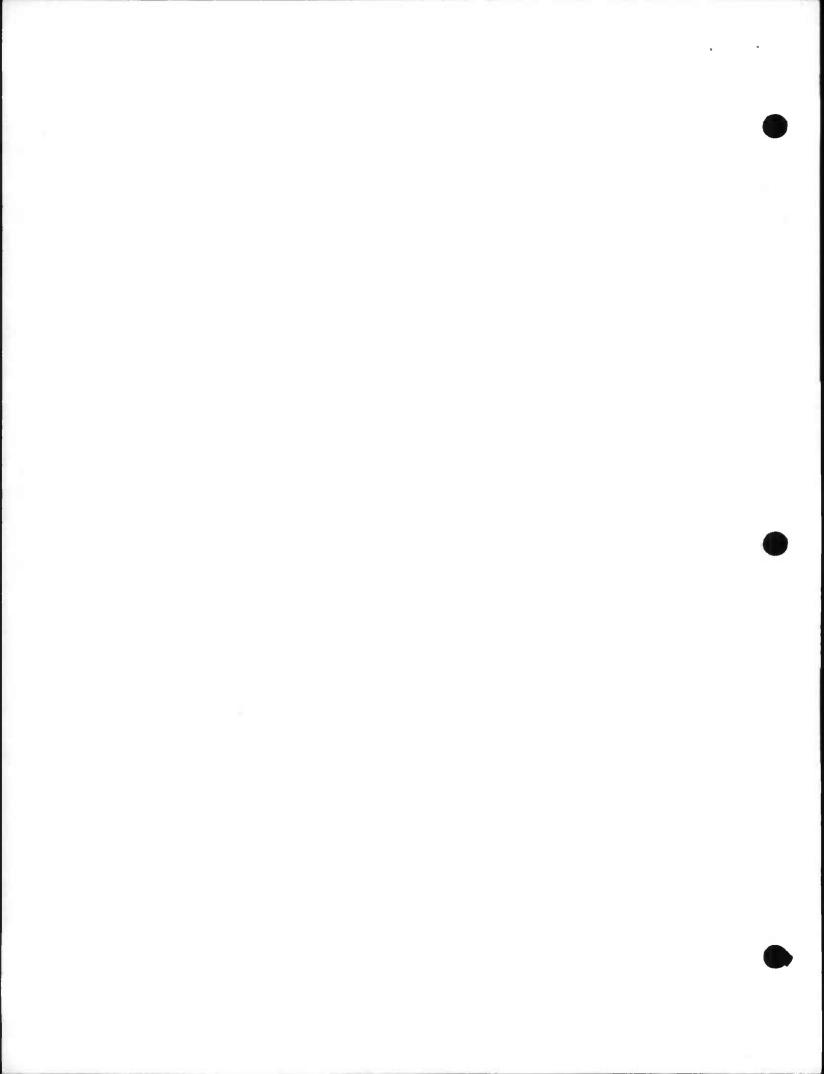
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		_	-					DEATH	HEG.	140.			
3	1. DECEOENT'S NAME (First								2. DATE OF OEAT	H DAY		3. TIME OF DEATH	
- 6			ence Fis	sher					103	03 11 1993 5:50			
- 3	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH 8. BI			LACE (State or Foreign	
19	214 54 403	1	1 🗌 M 2 🔀 F	93	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Ye 12-08-	1899	Country)	MD	
)	9a. FACILITY NAME (If not in	stitution, give stre	net and number)	- 00		9b. CITY.	TOWN C	OR LOCATION OF DE			JUNTY OF DEA		
Œ	Harford N			to 1				re de Gi		3			
5	RESIDENCE OF DEC		i iiospi			11a v	re de Gi	ace		Harfo	ra		
ñ	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION				IOd. INSIDE CITY	
DIRECTOR	MD	Ha	arford				Hav	re de G	race		LIMITS?		
	10e. STREET AND NUMBER							ZIP CODE		10a C		IAT COUNTRY?	
FUNERAL	116 Deav	ter Str	oot					210'	7.0	logi o	US	The second second	
Ž I	11. MARITAL STATUS	ARMED	1 42 3	Me DEC	ENDENT OF HISPAN								
	1 Never Married 2 Married FORCES? 1 YES 2 No. IF YES, GIVE WAR OR DATES					1	f yes, sp	ecify Cuban, Mexica	ı, Puerto Rican, eti	y Yes of No	Black,	– American Indian, White, atc.	
B	3 Widowed 4 Divo	vorced IF YES, GIVE WAR OR				1	☐ YES	2 NO Specify	:		Specify:	White	
	15. DEC	EDENT'S EDUCA	TION	16a. I	DECEDENT'S	USUAL OC	CUPATIO	ON	16b. KIND OF BUSINESS/INDUSTRY				
E	(Specify only		(Give kind of life. Do NOT u	work done o	during mo	st of working	TOOL KAND O	DOUNTEDON	110001111				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (0-12) 8 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)													
N	17. FATHER'S NAME (First, M	iddle Last)			110	псша	RCI	40 1407145010 144	ME (First Advantage Ad				
	Charles	. ,	000			18. MOTHER'S NAME			ary Bod)		
B	19a. INFORMANT'S NAME (7		lan			. MAILING ADDRESS (Street and Number or Rural Rout							
2		10.51	T 1- 12									(T) 010E0	
	Mrs. Kath		Laugnn					Street,					
	1X Burial 2 - Crematic	n 3 🗆 Remov	ral from State	cemetery c	E AND DATE	thar placel			1		— City or Town		
	4 Donation 5 Dither (Specify) Harford Memorial Gardens 3/16 Aberdeen, Maryland												
	21. SIGNATURE OF FUNERA	C SERVICE LICE	0					of address of facility tell-Smith Funeral Home, P.A.					
	اللياسة	lin-	X. X.,	~~~	_	H	avr	e de Gra	i rumera	210	78-319	7	
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.												
			st only one cau	se on each li	ne.	0		. 1 .	1		interval		
	IMMEDIATE CAUSE (Finel disease or condition Onset and Death												
	resulting in death) DUEAT (OW AS A CONSEQUENCE OF):												
_	- CO CO CO CO CO CO CO CO CO CO CO CO CO												
CERTIFICATION		equentially list conditions, any, leading to immediate											
AT	cause. Enter UNDERLY			And the control of the control		rec						Î.	
윤	CAUSE (Disease or Inju that Initiated events	ry 🥻 "	DUE TO	(OR AS A CONS	EQUENCE O	n:						1	
E	resulting in death) LAS	т 📗 👾										1	
빙		· a							- 10		- 10-	1	
	PART II. Other significa	nt conditions	contributing to	desth but not	tresulting	In the un	derlying	cause given in		S AN AUTOPS		VERE AUTOPSY FINDINGS	
EDICAL									1 VEC 0 COMPL			COMPLETION OF CAUSE	
												F DEATH?	
≥ ;			49.						-		- '	_ 120 . W NO	
₹ I	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF DEATH (Che	ck only one)				
S	EXAMINER?		HOSPITAL:	FR/Outpetlent	3 🗆 004	OTHER	t:						
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF		28b. TIM		28c. INJ	■ 5 ☐ Residence	28d. DESCRIBE H		CCUBED		
		Pending	(Month, D	lay, Year)		URY	WO	RK? 'ES 2 NO	ZOG. DESCRIBE II	OW 11130111 C	CCORED		
A	2 Contata	Investigation	28a PLACE C	F INJURY — At I	home form	ofmost foot			204 1 204 7 204 7				
		Could not ba determined	building,	atc. (Specify)	nome, term,	person, racti	эгу, опис	·	28f. LOCATION (S City or Town,		oer or Rural Roo	ute Number,	
5													
COMPLETED								and place, and due					
S I	one) 2 MEDI	CAL EXAMINER:	On the beals of a	xamination and/o	or investigation	n, in my o	pinion, d	eath occured at the	lime, data and plac	a, and due to	the cause(a)	and manner as stated.	
ОШ	29b. SIGNATURE AND TITLE	OF CENTIFIER	0 7	1				29c. LICENSE NUM	BER	29d. D/	ATE SIGNED (A	Aonth, Day, Year)	
0	Les	stru	al 1	In	7		- 1	1/2/	90	•	3/12	192	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED	OF DEATH (IT	EM 27) (Type	Print)		1 6	1		111		
	JI	OHN	DA	UN	, 1	ta	w	ede	Juan	2 1	n 2	1070	
	31. DATE FILED (Month, Day,)ba()	32. REGISTRA	III'S SIGNATURE	Randa			- 0 - 1	1	1/	0/ 2	1-15	
	MAR 12	2 '93	guna	Jan door	-Manae								
			U										



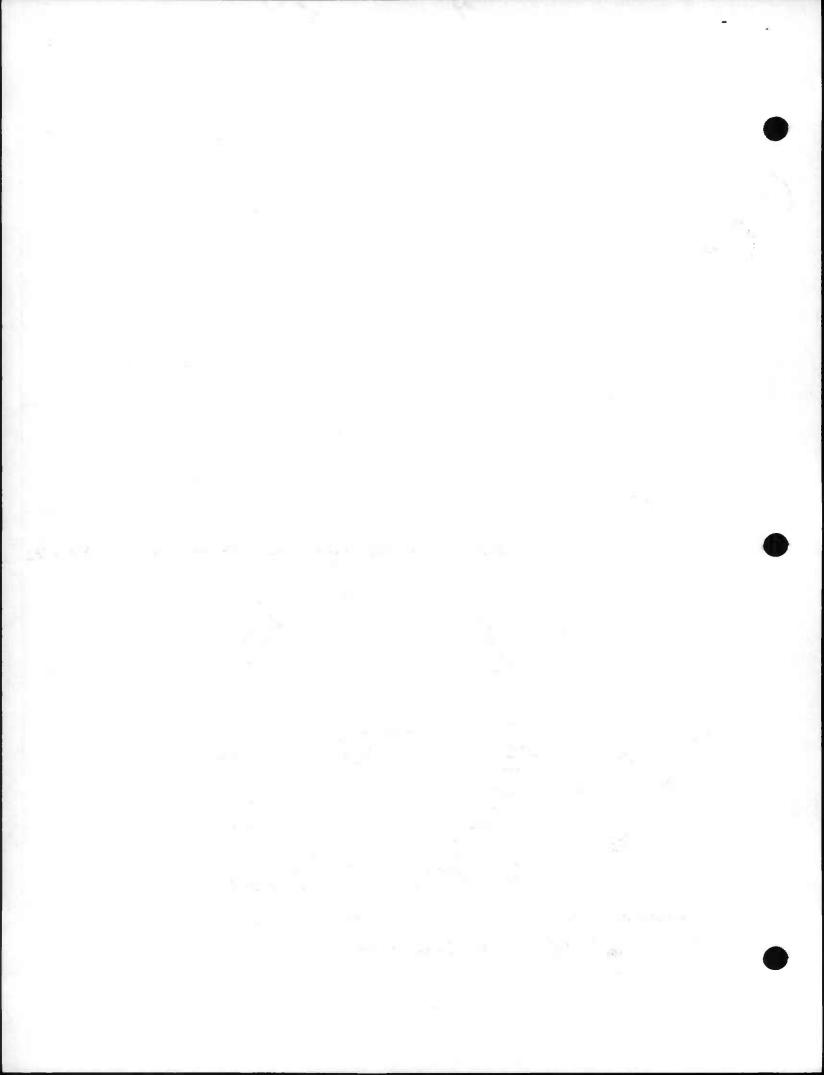
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	ΓIFIC	ATE OF	DEATH	F	EG. NO					
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH		
	GEORGE AM	1BROSE	FAY				Мар.	98.	1993	9.3	10:20ABb		
	4. SOCIAL SECURITY NUMBER 035-16-1844	1 OMATEF	. AGE (In yrs. lest birth		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De 01/20	BIFIT'N IV. Ybar)		8. BIRTNI Country	PLACE (State or Foreign		
TOR	FREDERICK MEMORIA	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK FREDERICK											
DIRECTOR	10a. STATE 10b. COUNT	NEWPORT			ETOWN	ION		10d. INSIDE CITY LINE S? 1 YES 2 N			10d. INSIDE CITY LUMITS? 1 YES 2 NO		
FUNERAL	10. STREET AND NUMBER 11 BLISS MINE RD.				10f.	2IP CODE 0284	0		10g. CIT		HAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 1 Trypered	12. WAS DECEDENT E FORCES? 1 IF YES_GIVE WAR	YES 2 NO		If yes, spe		n, Puerto Rican, etc.) Black			14. RACE Black Speck WH	— American Indian, , White, etc.		
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		(Give kir life. Do h	nd of work IOT use re		N st of working	16b. KIND OF BUSINESS/INDUSTRY						
M M	12 17. FATHER'S NAME (First, Middle, Last)		CARTO	GRAP	HER				GOV	т.			
BE CO	PATRICK C. FAY						H HAND						
2	19a. INFORMANT'S NAME (Type/Print) KEVIN P. FAY		19b. MA	ONRO	DRESS (Street e	SUITERO	Popte Number, (CKVTII	City or Tow	n, State, Zi	Code) MD	20850		
	20e. METHOD OF DISPOSITION BUR 1 Dental 2 Cremation 3 Ren 4 Dental 5 Other (Specify)	TAL noval from State	20b. PLACE AND D	ATEOFD	ISPOSITION (Na.	me of	0ATE 3/11	20c. LO		City or Ton	wn, State		
Ì	21. SIGNATIMES OF FUNERAL SERVICE LI	CENSEE	Blean	/		D ADDRESS OF FA	CILITY D.	D.					
	23. PART I. Enter the diseeses, or	compliantions that o		D									
	ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	on each line.								Approximate interval Between Onset and Daath 8 Months		
MION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate b. OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C. OUE TO (OR	R AS A CONSEQUEN	CE OF):									
8	DART II Other similians as dis-	u.											
MEDICAL	PART II. Other significent condition	na contributing to de	eath but not resul	ting in t	he underlying	ceuse given in		PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	constant -		THER:	ACE OF OEATN (Ch							
14S	1 YES 2 NO	1 9-Inpatient 2 E		OA 4 (5 Residence							
	1 Natural 5 Pending	(Month, Day,		INJURY		RK?	28d, DESCRI	BE NOW 1	NJUHY OC	CONED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF It building, etc	NJURY — At home, for (Specify)	farm, street, factory, office 281. LOCATION (Street City or Town, State)					and Numbe	r or Rurel R	oute Number,		
COMPLETED	One) 2 MEDICAL EVAMIN	SICIAN: To the best of my ER: On the bests of exam	almoston and to a torrard	desides to			4				and manner ee stated.		
B	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI BRIAN M. O' LONN 31. DATE FILED (Month, Day, Year)	Dung	10 Con	nor	MD	29c. LICENSE NUR	761		29d, DAT	E SIGNED	(Month, Day, Year)		
5	BRIAN M. O'CONN	OR MA	SOI W, S	(Type, Pri	NTH ST	FRE	SERICE	= 11	0 2	1701	1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S	SIGNATURE	Mand	late								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,



1	FOR STATE REGISTRAR

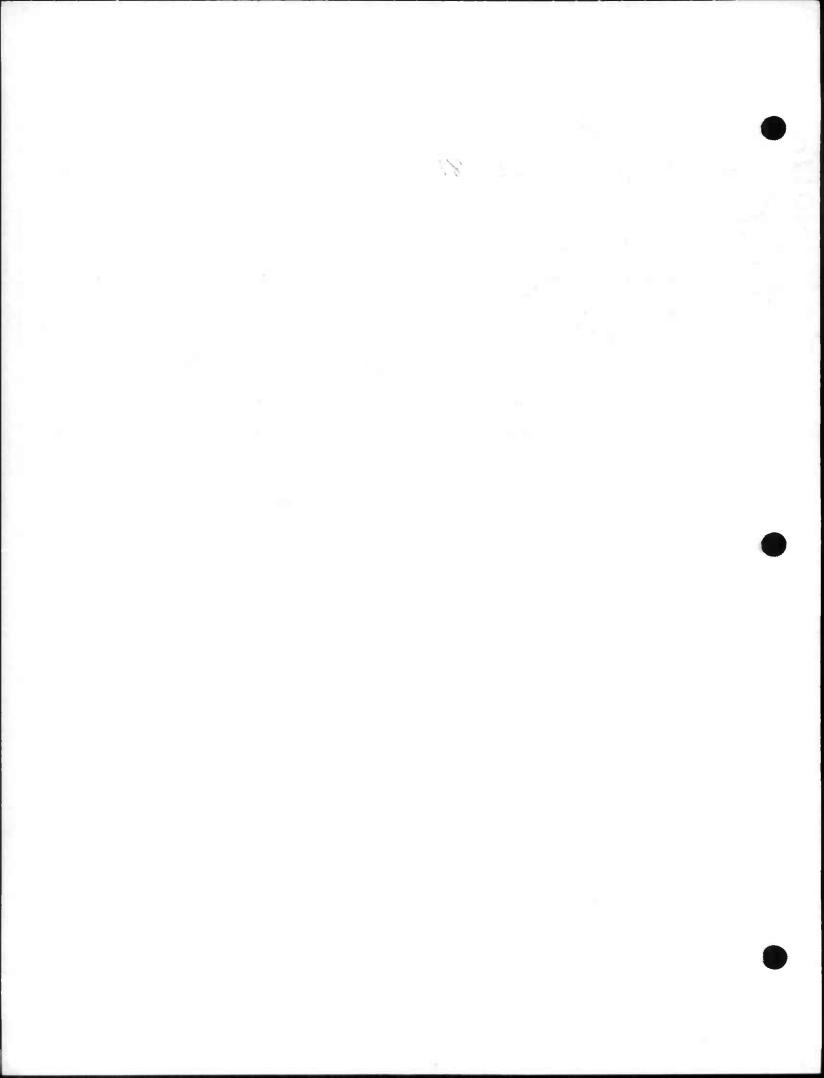
1	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	MENTAL HYGIENI REG. NO.								
į	1. DECEDENT'S NAME (First, Middle, Last)	- j-		1.		2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH						
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	JOUNT	IF UNDER 24 HRS.	7. DATE OF BIFTTH	23 1993	THPLACE (State or Foreign						
	219-01-8184	1 D M 2 X F 5	7/ YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dey, Year) 2-2-1	Co	intry) Md.						
Ä	99. FACILITY NAME (If not institution, give str. PENINSULA REGIONAL		ENTER		OR LOCATION OF D	A bZ	9c. COUNTY OF							
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY													
DIRECTOR	111	merset	- We. CII	Y, TOWN OR LOCA CINCKS	Anno			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
	10e. STREET AND NUMBER	MEISE	/		H. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?						
FUNERAL	12390 FENI	Ion Lirch	E		2185=	3	U	1,5,						
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S, ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE Black Black 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. YES, GIVE WAR OR DATES 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Yea or No- If yes, specify Yea or No- If yes, specify Yes or No- If yes or No- If yes or No- If yes, specify Yes or No- If yes or No- If													
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	no regred.)	3	Sizn	Food							
	17. FATHER'S NAME (First, Middle, Last)	1/			III. MOTHER'S N	AME (First, Middle, Maiden	Surname)							
BE	19a. INFORMANT'S NAME (Type/Print)	-1/67	19b. MAILING	ADDRESS (Street	HGNE	S YVIOTE	State Zin Code							
٩	Hanks Horsey 29808 FAIrmount Rd. Wistours Md. 21871													
- 1	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, Sta													
,	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	_	22. NAME A	ND ADDRESS OF F		1	N rul						
	Halbery 6.	llard		103/	Ampden	HUZ. Pri		4nn & Md.						
	23. PART I. Enter the disease, or conshock, or heaft failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	. Carola	each line.	esT.	ode of dyling, su	ch as cardisc or respi	atory arrest,	Approximate Interval Between Onset and Death						
z	DUE TO (OR AS A CONSEQUENCE OF): DIFFUSE ASCUP													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
THE		F):												
#	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	resulting in death) LAST											
	that initiated events	DUE TO (OR AS												
	that initiated events		but not reaulting	in the underlyln	g cause given in	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO						
CAL	that initiated events resulting in death) LAST		but not resulting	in the underlyir	g cause given ir	Part I. 24a. WAS AN PERFOR	WED?							
CAL	that initiated events resulting in death) LAST		but not resulting	in the underlylr	g cause given ir	PERFOR	WED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE						
CAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	contributing to death	but not resulting	26. P	g cause given in	PERFOR	WED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
CAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	Contributing to death HOSPITAL: Inpetient 2 ER/Out	tpetient 3 DOA	26. P	LACE OF DEATH (C	PERFOR	WED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	contributing to death	tpetient 3 DOA	26. P OTHER: 4 \(\text{Nursing Hor} \) E OF \(28c. IN. \) URY \(\text{W} \)	LACE OF DEATH (C	PERFOR	Nep?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY	tpetient 3 DOA 28b. TIM INJ	26. P OTHER: 4 Nursing Hor E OF 28c. IN URY W 1	LACE OF DEATH (C	PERFOR 1 YES 2	JURY OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined	HOSPITAL: Impatient 2 ER/Out	tpetient 3 DOA 28b. TIM INJ TY — At home, farm, a	26. P OTHER: 4 Nursing Hor E OF 28c. IN. WW 1	LACE OF DEATH (C) ne 5 Residence JURY AT PRK? YES 2 NO	PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	JURY OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: Inpatient 2 ER/Out	tpatient 3 DOA 28b. TIM INJ IY — At home, farm, is cofy)	26. P OTHER: 4 Nursing Hor E OF 28c. IN. WY 1	LACE OF DEATH (C	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State)	JURY OCCURED nd Number or Run ner ee stated.	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
COMPLETED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impatient 2 ER/Out	tpatient 3 DOA 28b. TIM INJ IY — At home, farm, is cofy)	26. P OTHER: 4 Nursing Hor E OF 28c. IN. WY 1	LACE OF DEATH (C	PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) to the cause(e) end men of time, date and place, and	JURY OCCURED and Number or Run there ee stated.	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
D BE COMPLETED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp.	tpetient 3 000A 28b. TIM INJ TY — At home, farm, s ecify) wiedge, death occurr on and/or investigation	26. P OTHER: 4 Nursing Hor E OF 28c. IN WHY 1 street, factory, office and at the time, date on, in my opinion,	LACE OF DEATH (Cone 5 Residence JURY AT PRK? YES 2 NO	PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) to the cause(e) end men of time, date and place, and	JURY OCCURED and Number or Run there ee stated.	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N						
TO BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER OUT	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp.	tpetient 3 DOA 28b. TIM 17 — At home, farm, sectify) wiedge, death occurr on and/or investigation	26. P OTHER: 4 Nursing Hor E OF URY M 1 street, factory, offlic ed at the time, date on, in my opinion,	LACE OF DEATH (Cone 5 Residence JURY AT PRK? YES 2 NO	PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) to the cause(e) end men of time, date and place, and MBER	JURY OCCURED And Number or Run There ee stated. I due to the caus 29d. DATE SIGN	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO PROVIDE NUMBER, NO PROVIDE NUMBER, NO PROVIDE NUMBER,						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR

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2	A	E #	28
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	R	DIRE	Tem
-	TAL	A Z	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in I he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med
	EH	日本	M
	F	H S	5
-	12	+4	=

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Ρ. WALTER FLEMING 02 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 214-18-8875 10 18 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CENTER CHEVERLY 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION Md. P.G. Palmer Park permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 7612 Oxman Rd use as the burial-transit 20785 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 🔀 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced WW II COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ğ Elementary/Secondary (0-12) College (1-4 or 5+) detached 9th Heavy Equip. Operator once. 17. FATHER'S NAME (First Middle Lent) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 9 Ħ Robert Fleming BE Carrie Snell notified the funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gertrude C. Fleming # 10 above Same as 2 20s. METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must cheltenham Vet's.cem. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H.S.Washington & Sons, Inc. 4925 Burroughs Ave., N.E. any ratt M. or removal. Item 23 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the diseases. 3 Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in I shock, or heart fallure. List only one cause on each line **IMMEDIATE CAUSE (Final** and completely fille burial, cremation, disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DOE TO (OR AS A CO 0 if any, leading to immediate prior cause Enter UNDERLYING CAUSE (Disease or Injury the attending phy Mental Hygiene that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause give in Part I. MEDICAL signed the Deen .

HOSPITAL:

28s. DATE OF INJURY (Month, Day, War)

LETED CAUSE

32. REGISTRAR'S SIGNATURE

is Davidson Mandell

93 07091 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH YEAR 8:25PM M 93 6. BIRTHPLACE (State or Foreign Bladensburg, Md 9c. COUNTY OF DEATH PRINCE GEORGES 10d. INSIDE CITY XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, Whits, etc. Black 16b. KIND OF BUSINESS/INDUSTRY W.S.S.C. State Government 2/18/9 20c. LOCATION - City or Town, State Cheltenham, Md. Approximate Interval Betwe Onset and Death 265, WERE AUTOPST FINDINGS MAILABLE PRIOR TO 24s. WAS AN AUTOPST COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 THO m 5 □ Residence 6 □ Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Swert, State)

26. PLACE OF DEATH (Check only one)

LICENSE NUMBER

my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated

OTHER:

28s. INJURY AT WORK?

1 YES 2 NO

28b. TIME OF

25s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.



BY PHYSICIAN:

COMPLETED

BE 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

29b. SIGNATURE AND TITLE OF CERTIFIER

HANN 31. DATE FILED (Month, Day, Year)

FEB 1

5 Pending

6 Could not be

2 MEDICAL EXAMINER: On the basis of examin

1993 6

1 YES 2 NO

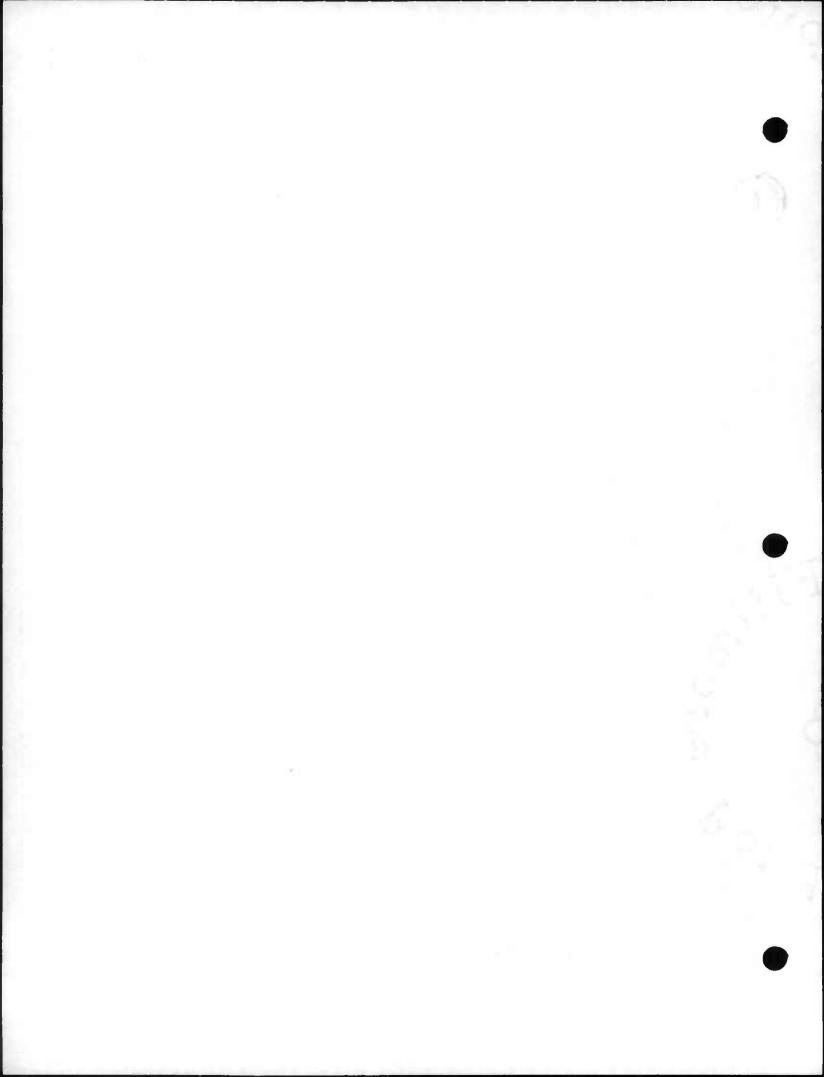
27. MANHETLOF DEATH

1 | Hatural

2 Accident

3 Dulctde

4 Homicide



		REGISTHAR				CERI	IFIC	AIE C	IF DEA	H		REG. NO.				
		1. DECEDENT'S NAME (First, Middle,	(Last)								2. DATE O	F DEATH		3. T	TIME OF DEA	TN
		MEDFORD	C				FRA	ZIER			02	10			:07 P	M M
	1	4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In	yrs. lest birth		UNDER 1 YEA		R 24 HRS.	7. DATE O		0.	BIRTHPLAC	CE (State or F	oreign
		216-46-7760		M 2 D F		83 Y	RS. MON	THS DAY	8 HOURS	MIN.	Sept.	Day, Year)	1909Wa	Country) shins	gton.	D.C.
S S S		9e. FACILITY NAME (If not institution	, give stree	et and number)			9b.	CITY, TOV	/N OR LOCAT	TION OF D			9c. COUNTY			
	<u>د</u>	NORTH ARUNDEL	HUG	DITAT AC	COOT	ATTON		OT 77	M DIID	MTT						
	DIRECTOR	RESIDENCE OF DECEDE	1100	LILAL A	20001	MITON		GLE	N BUR	ATE			Α.	A. C	COUNTY	
	Ĕ	10a. STATE 10b. C	COUNTY			10c	. CITY, TO	WN OR LO	CATION					10d	. INSIDE CIT	Υ
_	ā	Maryland A	Inne	Arunde1				Cı	oftor	1				1 8	LIMITS?) NO
permit	4	10e. STREET AND NUMBER						Ť	101. ZIP COI				10g. CITIZEN			-
Si	FUNERAL	1662 Carlyle	Dris	to Ant	E.				21	114				USA		
physician. burial-transit	2	11. MARITAL STATUS		2. WAS DECEDENT		U.S. ARMED		13. WAS			NIC ORIGIN?	(Specify Yes			Amarican Ind	llan.
physi		1 Never Married 2 XX Married		FORCES? 1 IF YES, GIVE W	YES	2 X NO		If yes	, specify Cut	an, Maxic	an, Puerto Ri	can, etc.)		Black, Wh	ite, atc.	ion,
	B	3 Widowed 4 Divorced		# 123, GIVE W	AR OR DAI	23		' '	YES 2 X NO	Specific Spe	ny:			Specify:	hite	
attending se as the	8	15. DECEDENT			1	16a. DECEDE	NT'S USU	AL OCCUP	ATION		16b. I	KIND OF BUS	INESS/INDUST		птее	
6 2	ET	(Specify only highes Elementary/Secondary (0-12)	1	College (1-4 or 5 +		(Give kin life. Do N	d of work of OT use ret	done during ired.)	most of work	ung						
hospital ached fo	립	8		0		ighwa	v En	gine	r			D.C.	Gover	nmen	t	
the hospit detached once.	COMPLET	17. FATHER'S NAME (First, Middle, La	ist)					0		THER'S NA	AME (First MI	ddle, Meiden S				
at be d	ВС	Benjimen Car	nnha'	ll Frazi	or							nia H				
retained 5 should notified	m	19a. INFORMANT'S NAME (Type/Prin		11021	CI	19b. MAI	LING ADD	BESS (Str					, State, Zip Coo	-fe-1		
5 should notified	5	Nancy M. Fraz	zior			i							1114 A		G.	
oage o					200 0	LACEANDD				CIUI		7				
ector, pa		20a, METNOD QE DISPOSITION 1	Removi	al from State	cemet	erv. cremeton	or other o	lace)		_	OATE		ATION — City			_
		21. SIGNATURE OF FUNERAL SERV		ISEE	Fo	rt Li	acol					3 Bre	ntwood	, Mai	rylan	<u>d</u>
death. Pag tuneral di l. examiner		. 01	TOE LIVE	7					ANO ADDR			al Hor	me, In	C.		
		Thanne	m	w. Ka	me	9/							ntwood		207	22
ic of a		23. PART i. Enter the disease	n, or cor	npilcations that	caused 1	the doubh.	Do not e	nter the	mode of d	ying, aud	ch as cardi	ac or respir	etory errest,	15 110	Approxim	
- 40		ahock, or heart fa IMMEDIATE CAUSE (Fine)	iiure. Lis	it only one caus	se on eac	th lifted						·		- 1	interval E Onset an	Batween
		disease or condition		1 1		00	0 7	111	Δ	0 1 4	ـــــــ ہے ۔ــــــــــــــــــــــــــــ	-		i	June 1	d Death
ted within 24 completely fills ial, cremation, event, the		resulting in death)	8.	OUE TO	OR AS A C	CONSEQUENCE	CE OFF	AC	/1/	LILL	-5/				-	
B 6 8	-			MU	OCI	APD	1 1	1	[N]	F41	DIT	2001		į	10-	10
3 ° 6	CERTIFICATION	Sequentially list conditions,	ъ.	A CU- OUE TO OUE TO	OR AS A C	ONSEQUENC	CE OF):		1 .0		7	000		 i	13	-10 WTB
	¥	if any, leading to immediate cause. Enter UNDERLYING	•	Coll	0 1/14	MI	A1	THE	147	70	041	3051	1	į) mi	wis
	띹	CAUSE (Disease or injury that initiated events	c.	DUE TO	OR AS A C	ONSEQUENC	E OF):	101		VIIV	v-i.	00 17.	4		INIDE	ニケー
는 PE	E	resulting in death) LAST		AM	ren	use	LE	4,5	ZC K	TFA	17	110	EASE	- 1	FRAME	4.40
death atte	빙		0.									7-0	C/(3 C	-		2476
at the deal by the att and Menta	A	PART II. Other aignificant con										24a. WAS AN A			RE AUTOPSY F	
# 경도 #	EDICAL	HUPENTO	EN	SIUN	<u> </u>	1AB	ET	ES	ME	CLI	745	1 TYES 2	-	COM	PLETION OF	
sign sign Healt		- AORTI	<u>_</u>	VALVI	ULA	-R C	ALC	IFI	CD	SE	HE				DEATH?	MO
been soft H	2														,,,,,	
ATTENDING PHYSICIAN: The law requirECTOR: After this certificate has been s after death with the State Dept. of H 28 1s marked, or Item 23 show	PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	CAL					26	PLACE OF	OEATN (Ch	heck only one					
N: The ficate h State	Sic	EXAMINER?		OSPITAL:	FB/Output	tent 3 N De		HER:			8 🗆 Other					
SICIA certificant the	Η	27. MANNER OF DEATH		28e. DATE OF			TIME OF	_	INJURY AT	tesidence			JURY OCCURE	FD.		
NG PHYS fter this eath with		Natural 5 Pending		(Month, Da	ly, Year)		INJURY		WORK?	No.						
NDING F Harry Harry Harry Harry Harry	ВУ	2 Accident Investig		28e. PLACE OF	INJURY -	- At home, te	rm. street				281 LOCAT	ION (Street or	nd Number or R	Sured Dougha	Mumber	
TTEN TOR: after 28 Is		4 Homicide 8 Could n		building, e	etc. (Specify)	,	,,				Town, State)	IN INGINIDAL OF IT	urar noole r	Number,	
OR ATTENDING DIRECTOR: After hours after death	COMPLETED	29a. CERTIFIER	2011			_		_								
TAL DAY	MP	(Check only CERTIFYING		W: To the best of												
HOSPITAL FUNERAL WITHIN 72 I	징	2 MEDICAL EX	AMINER;	On the besia of ax	amination a	ind/or Investi	getion, in	my opinio	n, death occi	ured at the	tima, data a	nd place, end	dua to the ca	use(a) end	manner as :	stated.
THE H filed w	BE	290. SIGNATURE AND TITLE OF CEI	RTIFIER	ma		4	. ^		29c. LIC	ENSE NU	MBER		29d. DATE SIG	SNEO (Mon	ith, Day, Year)	
TO THE HOSPITAL TO THE FUNERAL BE filed within 72	0	Jamelnie	Ø	- 01 w	ru	7, 1	1.1)		1170	9	215		12/	121	193	
	1=1	36. NAME AND ADDRESS OF PERSO														
(12)	/	LAWRENCE MARCU	IS, M	1.D/1031	3 GE(ORGIA	AVE	SILV	ER SP	RING	. MAR	YLAND	20922			
		31. DATE FILED (Month, Day, Year)		32. REGISTRA	R'S SIGNAT	URE					,					
		FEB 2 3 19	993	32. REGISTRAF	Davids	on-An	dell									
	_					-										

West personal services

1 - STATE REGISTRAR	S	TATE OF N	IARYLA	ND / DEPA CERTIF					MENTA					
1. DECEDENT'S NAME (First, Middle	, Last)		_	OLITIII	IOAIL	. 01	DEA		2 DAT	REG.				3. TIME OF DEATN
Kathr	n n	Mae		Em i	L _				MON'		DAY		YEAR	
4. SOCIAL SECURITY NUMBER	5. S		6. AGE (A	Fri	IF UNDER	1 YEAR	IF UNDER	24 HRS.	0.2	OF BIRTN	27	19		PLACE (State or Foreign
227-15-1790	1 [M 2 12 F	19		MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Yeu	nr)		Countr	γ)
9e. FACILITY NAME (If not institution	, give street n	nd number)	- 1 -		9h CITY	TOWN C	R LOCATIO	ON OF DE		29-		9c. COUN		yland
		,			30.011	, 1044	n Localii	ON OF DE	AID			SC. COUN	IT OF D	EAIH
North Arund	Lel Ho	ospit	a l		Gl	en I	Burn	ie				Ann	e A	rundel
10e. STATE 10b. 0	COUNTY			10c. CI	TY, TOWN C	R LOCAT	ION							10d. INSIDE CITY LIMITS?
Maryland Ani	ne Ar	unde1		658	Ma1	1ar	d Co	ourt	, A	rno	1 d			1 YES 2 NO
10e. STREET AND NUMBER							ZIP CODE					10g. CITIZ	EN OF W	HAT COUNTRY?
658 Mallard (Court						2.1	012				US	Δ	
11. MARITAL STATUS		MAS DECEDEN	EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGI	N? (Specif	y Yee o		14. RACE	- American Indien,
1 Never Married 2 Merried 3 Wildowed 4 Divorced		FORCES? 1					2 NO			Rican, etc.	-)		Speci	t, White, etc.
														white
15. DECEDENT (Specify only highes				16a. DECEDENT'S	work done o			g	16	b. KIND OF	BUSIN	ESS/IND	JSTRY	
Elementary/Secondary (0-12)	Col	lege (1-4 or 5+)	life. Do NOT	use retired.)									
4				Stude	nt				H	igh	Sc	hoo	1	
17. FATNER'S NAME (First, Middle, Li							18. MOTH	NER'S NAI	ME (First,	Middle, Me	iden Su	mame)		
Gerald Wayne		Z						01						
19e. INFORMANT'S NAME (Type/Prin				19b. MAILIN	G ADDRESS	(Street a	nd Number	or Rural R	loute Nun	aber, City or	Town,	State, Zip	Code)	
Gerald and Ca	arol	FRITZ.	,	658	Ma11	ard	Cou	ırt,	Ar	no1	d,	MD	210	12
20a. METNOD OF DISPOSITION 1 DOBuriel 2 Cremation 3	Removal fr	rom State		PLACE AND DATE	OF DISPOS	ITION (Ne	me of		OAT	E 20c	LOCA	TION — C	aty or To	wn, State
4 Donation 5 Other (Specify	r) (r)		MD	Veter	ans	Cem	eter	y 3	3-3-4	73 C1	row	nsv	i11	e, MD
21. SIGNATURE OF FUNERAL SERV	ICE LICENSE	E			22.1	NAME AN	D ADDRES	SS OF FAC	YTLIK	. 17		100		× 170
> THO X	2	/	1/											Home
23. PART I. Enter the disease	s or compl	ications that	Fausad	the death Do	not enter	the mo	de of du	nie	HW	у.	sev	ern	a P	ark, MD
shock, or heart fe	ilure. List o	only one cen	e on ea	ch line.	not onta	1100	aa or ayr	rig, suci	r aa Cai	ulac of fi	oabii a	tory arre	sat,	Approximata intarvai Between
IMMEDIATE CAUSE (Final disease or condition		004]	-0.									-	Onset and Death
resulting in death)	a	2100	DIME	12C D	13 LC	M	PLI	M	0 [2 191	20	M		
		00E 10	UH AS A	CONSEQUENCE (JF):									
Sequentially list conditions,	b	QUE TO	OR AS A	CONSEQUENCE (NE).									
if any, laading to immediate cause. Enter UNDERLYING		002 10	O11 A3 A	CONSECUENCE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
CAUSE (Disease or Injury that initiated events	۵	DUE TO	OR AS A	CONSEQUENCE (OF):		-							
resulting in death) LAST					,									İ
	d									-				
PART ii. Other aignificant con	ditiona con	tributing to	death bu	t not resulting	in the un	deriying	cause g	iven in i	Part i.	24a. WAS	S AN AU		24b.	WERE AUTOPSY FINDINGS
										1 YE				MARLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
														1 TYES 2 NO
														J
25. WAS CASE REFERRED TO MEDI						26. PL	ACE OF O	EATH (Che	ck only o	ne)				
EXAMINER?	1 🗆	SPITAL: Inpatient 2 X	ER/Outpa	tient 3 🗆 DOA	OTHER 4 Num		5 ∏ Ba	eldence	s 🗆 Orbi	er (Specify)				
27. MANNER OF OEATH		28e. DATE OF	NJURY	28b, TII	AE OF	28c. INJU	JRY AT			SCRIBE NO		URY OCC	URED	
1 Natural 5 Pending		(Month, Da	y, Year)	IN	JURY	1 TY	RK7 ES 2	NO						
2 Accident Investig 3 Suicide & Could a		26e. PLACE OI	INJURY -	- At home, ferm,	street, facto		-		28f. LO	CATION (Str	reet ear	Number	or Rural B	oute Number.
4 Homicide 6 Could n	TOT DIE	building,	itc. (Specif	(y)					City	or Town, S	tate)		, ridia, ri	out Hallada,
29e. CERTIFIER		50.												
				dge, death occur										
		me neers Of 6X	POLITICHE	encor investigati	on, in my o	pinion, de	HILD OCCUM	ed at the t	time, date	end plece	e, end c	lue to the	ceuse(e)	end manner ee stated.
296 MICHATURE AND TITLE OF CE	RTIFIER	1 .0					29c. LICE	NSE NUM	BER		2	9d. DATE	SIGNEO	(Month, Day, Year)
myone	MLU	mill	_				C	.C.	М.Е	•		0	3/0	1/1993
30. NAME AND ADDRESS OF PERIO	N WHO COM	PLETED CAUS	E OF DEA	TN (ITEM 27) (Type	e, Print)									
HARLAMIN	17.1	W (W)	U 11	ll Peni	n St	ree	t, E	Balt	imo	re.	Ma	rvl	and	21201
31. DATE FILED (Month, Day, MAA	041	993	LINE Z	andson-1	3mde 10									

1993 Julia Davidson Rondon

TO BE COMPLETED BY FUNERAL DIRECTOR

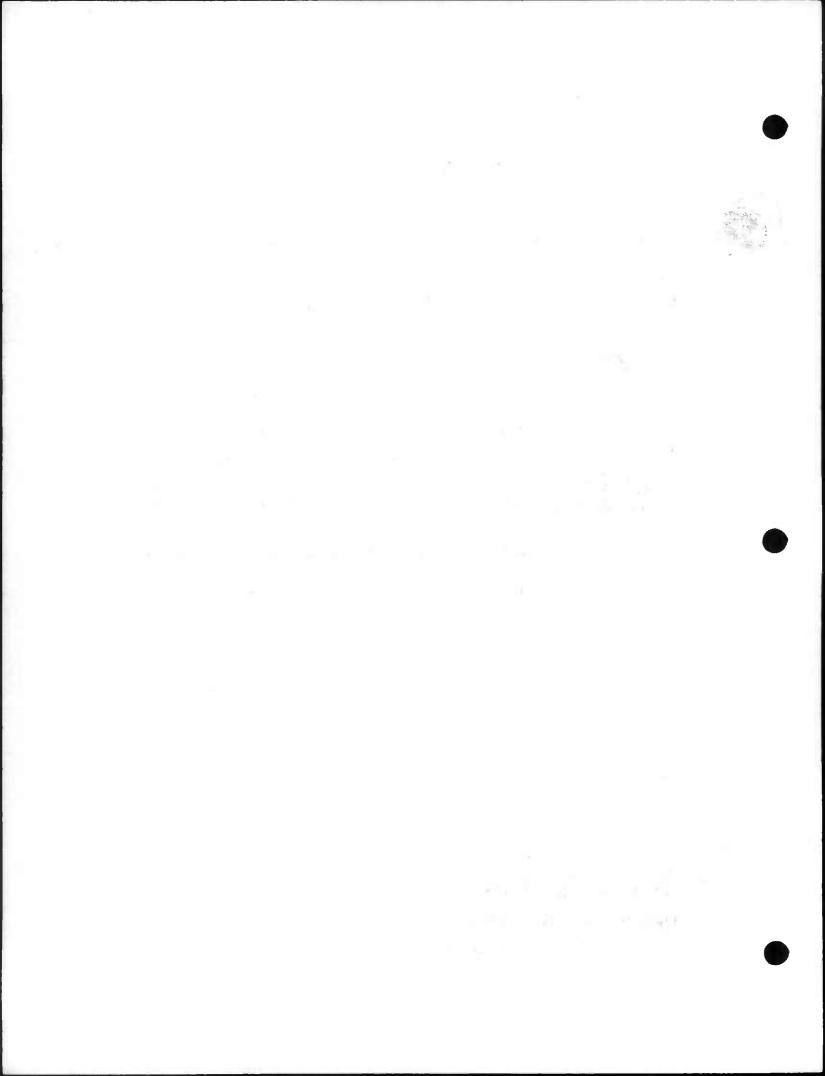
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygher police to build, cremation, or removal. IMPORTANT: If Item 28 is marked, on item 23 shows any injury or other trainmatic event, the medical eventual marked.	

2

	1 - FOR 1 - REGISTRAR	STATE OF MARY	LAND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEN	2 0	07094
	* DE PENT'S "AME (First, Middle, Last)	Niedzwick	Fins		DEATH	2. DATE OF DEATH MONTH 2/23/9		ar 5:37p
		1 M 2 K	(In yrs. last birthday) 67 yrs.	IF UNDER 1 YEAR		7. DATE OF BIRTH 04/19/25	M	BIRTHPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give sm North Arundel Hos			96. CITY, TOWN	or LOCATION OF	DEATH	9c. COUNTY Anne	of DEATH Arundel
DIRECTOR	RESIDENCE OF DECEDENT	Arundel	15eV	FPMR PS	ATION .			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100-1578ET CE dale Road				er. ZIP CODE2]]	46	10g GITIZEN	AF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 YNO	If yes,	CENDENT OF HISPA specify Cuban, Maxie S 2 NO Speci	ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. SpeciWhite
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S (Give kind of site. Do NOT us Homema	work done during r se retired.)	TION nost of working	Home	SINESS/INDUST	RY
BE COA	17. FATHER'S NAME (First, Middle, Lest) Robert Niedzwick					IAME (First, Middle, Melden ine Unknown		Rowski
TO B	Mr. G. DeWitt Fir	nster	19b. MAILING 102 Ce	dar Roa	and Number or Rura	Route Number, City or Tow Severna	n, State, Zip Cod	
	20a. METHOD OF DISPOSITION 1 SEBuriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		D'VETETA	ns ^(ace)	2-26	-93 Crown	CATION — CHY O	, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	V			al Home Sev		Hwy. ark MD 21146
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CONGES	eech line.	HEAR?	ode of dying, eu	ch as cerdiac or respi	ratory errest,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	POTEC PI:	Corex DF554	Mry		Y E 425
MEDICAL CI	PART II. Other significent conditions PART X YS MT	contributing to death to	7	in the underlyli		Pert I. 24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:		26. I OTHER:	LACE OF DEATH (C	heck only one)		
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	1 © Inpatient 2 ☐ ER/Outp 25a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	4 Nursing Ho E OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW IF	NJURY OCCURE	D
8	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	/ — Al home, farm, s			28f. LOCATION (Street a City or Town, State)	and Number or Ru	irel Route Number,
COMPLET	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	AN: To the best of my know On the bests of examination	riedga, death occurre	ed at the time, dat n, in my opinion,	death occured at the	e time, data and place, and	d due to the cau	ise(a) and menner as stated.
B	1				29c. LICENSE NU	moek	29d. DATE SIG	NED (Montey, Day, Year)

D1999

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

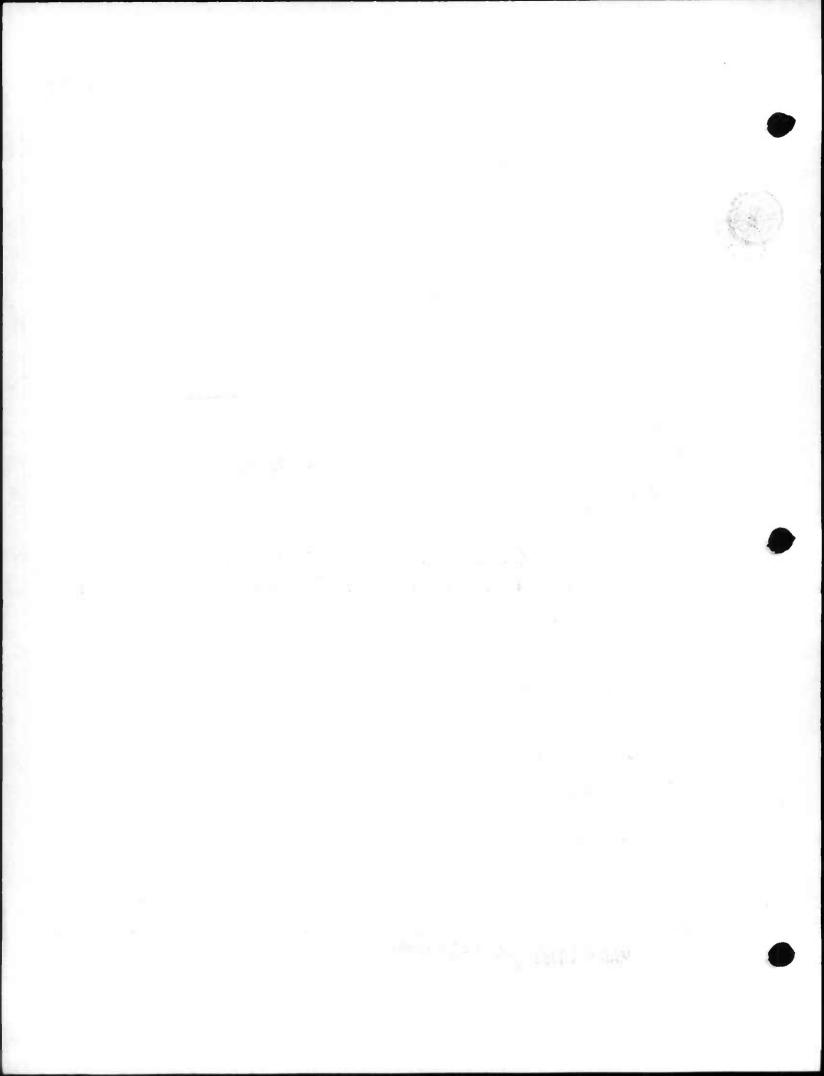
Daves Ross, M. D.

31. DATE FILED (Month, Dey, Voer)

MAR 0 4 1993

32. REGISTRAP'S SIGNATURE AMPLADE

Julia Davidcon Romball



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	MARYL		DEPAR ERTIF						MENT	AL HYGIEN	IE	3 (1/095		
1. DECEDENT'S NAME (First,	Middle, Lest)	Charlot	te (Sarci	ia-Fr	ias					2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH		
WINDOLL.	-			-			TUR	· T					1993		2:30 P M		
4. SOCIAL SECURITY NUMB	ER	5. SEX	1	(in yrs. les		MONTH!	ER 1 YEAR	R	IF UNDER	24 HRS. MIN.		e OF BIRTH		d. BIRTI	HPLACE (State or Foreign		
226-17-5705		1 M 2 X F		37	YRS.				7/2	HII-	Jun	e 30,	1905	Ger	rmany		
9a. FACILITY NAME (If not in						9b. Cl	TY, TOW	N OF	R LOCATIO	ON OF DE	EATH		9c. COU	9c. COUNTY OF DEATH			
95 DAWSON		JE				RC	CKV	VI	LLE				MON	MONTGOMERY			
10a. STATE	10b. COUNTY				10c. CIT	Y, TOWN	OR LO	CATI	ON						10d. INSIDE CITY		
Maryland	Mon	tgomery				Roc	kvi.	11	е						1 X YES 2 NO		
10e. STREET AND NUMBER								10f.	ZIP CODE				10g, CIT	IZEN OF	WHAT COUNTRY?		
95 Dawson A	venue								2085	0			F	eru			
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1				10	3. WAS D	DECE	NDENT O	F HISPAN	VIC ORIG	IN? (Specify Ye	or No-	14. RAC	E — American Indian, ik, White, atc.		
1 Never Married 2 3 Never Married 2 1 Never Married 2 1 Never		IF YES, GIVE V							CITY CUBE 2 🔯 NO			Ricen, etc.)		Spec	elfy:		
3 X WIDOWER 4 DIVO	rcea			200											White		
(Specify only	EDENT'S EDUC highest grade	completed)		16a. DE (Gi	CEDENT'S ive kind of a Do NOT us	USUAL work don	OCCUPA ne during	mos	N t of workin	g	18	b. KIND OF BU	SINESS/INI	DUSTRY			
Elementary/Secondary (0 12	-12)	College (1-4 or 5	+)		Home							0	• TT - w				
17. FATHER'S NAME (First, MI	iddle Leet				HOME	max	CI	_					n Hom	ie			
Not Avai								- 1				Middle, Meiden	Sumame)				
								_				s Reso					
To Go II has a se												mber, City or Tow					
Jose Hohmani				_			_					Rockv	ille,	MD	20851		
20a. METHOD OF DISPOSITI 1 ☐ Burial 2 ☒ Crematio 1 ☐ Donation 5 ☐ Other	n 3 🗆 Ramo	oval from State	Car	netery, cre	matory or o	ther blec	(a)		- /	- ,	1		CATION —				
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		Olice	Omer	22	2. NAME	AND	ADDRES	S OF FA	CILITY				ryland		
Raling	1 Fa	nak		M	10019	8 R	ober 300 Rock	rt We	A. est ille	Pump Mont Mar	hre gom	y Fune: ery Ave nd 208	ral H	ome/	Rockville, Inc.		
23. PART I. Enter the di	seases, or c	omplications the	t cause	d tha de	ath. Do r										Approximata		
shock, or he IMMEDIATE CAUSE (Fin	aart fallure. 1	List only one cau	ise on e	ach line											interval Between Onset and Death		
disease or condition	al	ATH	occ.	150		0.1	N O O				_	A .			Onset and Death		
resulting in death)	7 .	DUE TO	(OR AS	CONSEC	DUENCE O	9	-04)) (X	DAVI	ich	DK	AIREL	36				
		302 10	(OIL NO.)	CONSEC	JOENCE O	r.).											
Sequentially list conditi		DUE TO	(OR AS A	CONSEC	DUENCE OF	F):											
if any, leading to immed cause. Enter UNDERLY i						,									į		
CAUSE (Disease or Injusted events	ry 🥻 '	DUE TO	(OR AS A	CONSEC	DUENCE OF	F):											
resulting in death) LAS						,									İ		
	_																
PART ii. Other significa	nt conditions	contributing to	death b	out not r	aauiting	in tha u	undarly	ring	cause g	iven in	Part i.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS		
												PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE		
												ILZ TES	□ NO		OF DEATH?		
												PROPO	DMY	<i>'</i>	1∑ YES 2 □ NO		
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						28.	PLA	CE OF DE	ATH (Ch	eck only o	one)					
1X YES 2 □ NO	- 1	HOSPITAL:	ER/Outp	patient 3	□ DOA	OTHE		ome	5℃XAe	sidenca	a 🗆 Oth	er (Specify)					
7. MANNER OF DEATH		28a. DATE OF			28b. TIM	E OF	28c. I	INJU	RY AT		_	SCRIBE HOW I	NJURY OC	CURED			
none I	Pending nvestigation	(Month, D	wy, reer)		INJ	URY		WOR YE	IK7 ES 2	NO							
3 Culedde		28a. PLACE O	F INJURY	- At ho	me, farm, s	treet, fa	ctory, of	Hice			28f. LO	CATION (Street	and Number	or Rural I	Bouts Number		
0 1	Could not be letermined	building,	atc. (Spec	cify)							Clty	or Town, State)	arra rvarrador	Or Fibrary	abdie ivanioot,		
9a. CERTIFIER 1 CERT	IEVING DUVER	MAN, To the hear of		dada: 3		4		_					_				
		CIAN: To the best of													s) and manner as stated,		
					veatigatio	ч, ит ту	opinion	, (30)	en occur	PU SE ETIO	time, dat	w and place, an	a aue to th	TO CRUSO(S	s) and manner as stated,		
SEASON ATURE AND TITLE	OFCERTIFIE	1/2.10							29c. LICE	NSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)		
O NAME AND ADDRESS OF	BEDEC	2000							D.C.	M.F			0.	3/02	7/93		

Penn Street, Baltimore, Maryland

111

32 MEGISTRAN'S SIGNATURE Juna Juna des Mardall

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

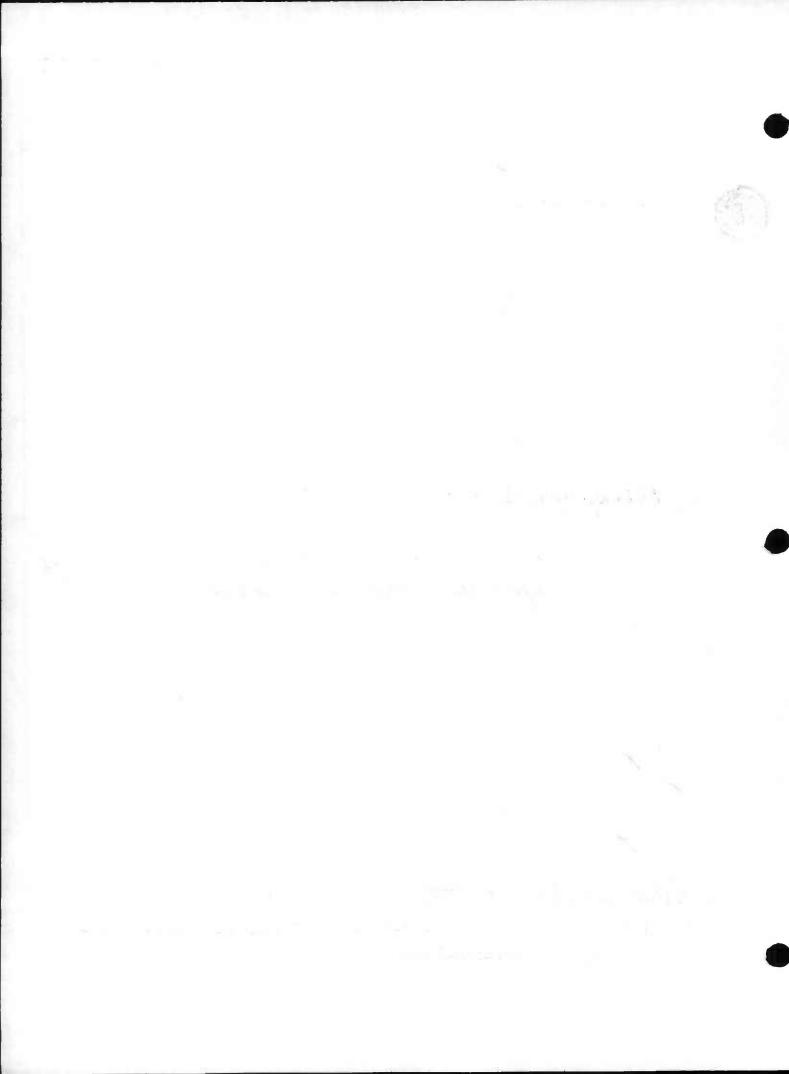
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TO BE COMPLETED BY FUNERAL DIRECT

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IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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1 - STATE REGISTRAR		SINIE OF I	CE	RTIF	ICATE	OF	DEAT	TH	MENI	AL HYGIEN REG. NO	E		
1. DECEDENT'S NAME First,	Middle, Last)					<u> </u>		-	2. DAT	TE OF DEATH		- 1	3. TIME OF DEATH
MARY	L.	GRADY							MOI	ALH DA	w 1993	YEAR	
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	1992	s. BIRTHPI	9:58 P M
155-36-2767		1 🗆 M 2 🎉/1F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	RIL 14,	1007	Country)	YORK
9a. FACILITY NAME (If not in	etitution, give s	treet and number)			9b. CITY, 1	TOWN OF	LOCATIO	ON OF D		штт,		NTY OF DEA	
SACRED HEA		SING HOM	E				SVII						GEORGES
10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCATIO	ON				_	1	od. INSIDE CITY
MARYLAND	PRIN	CE GEORG	ES	l H	YATTS	SVII	LE						LIMITS?
10+. STREET AND NUMBER							ZIP CODE				10a. CITI		AT COUNTRY?
5805 QUEEN	S CHAP						2078	_			UNI		STATES
1 Never Merried 2 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XN		111	yes, spec	NDENT O olfy Cuba ≥ X NO	n, Mexico	n, Puerle	NN? (Specify Yee o Ricen, etc.)	or No—	14. RACE - Black, 1 Specify:	- American Indian, White, etc. WHITE
15. DECI (Specify only	EDENT'S EDUC	CATION completed)	16e. DE	CEDENT'S	USUAL OCC	CUPATION			10	66. KIND OF BUS	INESS/IND	USTRY	MILLE
Elementary/Secondary (0		College (1-4 or 5 +) IITe.	Do NOT us		iring most	of workin	g		OMN	HOME		
17. FATHER'S NAME (First, Mi	ddle, Last)			.011111	TITCLIN		ts MOTH	IFR'S NA	ME /Eleut	, Middle, Maiden	HOME	,	
DENNIS	в.	LUCEY						ARY	ma (rirac	AGNES	Surrierre)	TUCK	
19a. INFORMANT'S NAME (7)	_		196	. MAILING	ADDRESS (Street en	_		Pourte Nu	mber, City or Town	Ctata 7in		
ANN G. DOYL			1							, MARYI		2081	.7
20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 4 Donetion 5 Other	n 3 🗆 Remo	oval from State	cemetery, crer	natory or ot	her plecel			2 V	1	EAST 193	HAN	SVER,	, State
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	₩00831					S OF EA	CILITY	DOMEM	JERSI	EY	
Darbara	Jome.	mullen	faurer		BET	HESI	DA-C BE	HEVY THES	CH	Y FUNEF ASE, IN MARYLA	RAL H IC. ND	OME/ 7557 20814	WISCONSIN -3501
23. PART i. Enter the di	seases, or c	omplications that	caused the dea	th. Do n	ot enter th	he mod	a of dyle	ng, suc	h as ca	rdiac or raspi	ratory err	est,	Approximata
iMMEDIATE CAUSE (Findisease or condition resulting in death)	ai	ALUTE	BILATE	RAZ		ヒロ	MON	NA	5				Interval Between Onset and Death
Sequentielly list condition if any, leading to immedicause, Enter UNDERLY!! CAUSE (Disease or Injurt that initiated evants resulting in death) LAST	liate NG ry	DUE TO	OR AS A CONSECUTION AS	CAP UENCE OF	BIOL	ASO	UM	n.	DIS	BE			
PART II. Other significer	condition	s contributing to	deeth but not re	sulting li	n the unde	erlying	ceuse g	Ivan in	Part i.	24a. WAS AN PERFOR	WED?	CO	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26 01 4	CE OF DE	ATM (O)	ak a : t				
EXAMINER?		HOSPITAL:	EB/Out-off		OTHER:		CE OF DE						
27. MANNER OF DEATH		1 Inpatient 2 I	INJURY	26b. TIME	4 X Nursin			sidence			44 + May 2 2 2		
	ending weatigation	(Month, De	y, Year)	INJL	/RY	8c. INJUR WORK 1 YE	(?	NO	28d. DE	SCRIBE HOW IN	JURY OCC	CERUS	
	ould not be etermined	28e. PLACE OF building, o	FINJURY — At home Mc. (Specify)	ne, ferm, si	reet, factory	y, office			28f. LO	CATION (Street as y or Town, State)	nd Number	or Rural Rout	e Number,
29a. CERTIFIER (Check only one) 1 CERTIFICATION CERTIFIER 2 MEDIC	FYING PHYSIC	EIAN: To the bast of a	my knowledge, dea	th occurred	d at the time	e, date er	nd place, th occure	end due	to the ce	euse(e) end man	ner en state	ed. n couse(e) er	nd menner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	1	1 a Car			2	9c. LICE	NSE NUM	BER		29d. DATE	SIGNED (M	onth, Day, Year)
WHIAM	MA	Malla	With	-			Do	63	3/		13	11/2.	3
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITEM	27) (Type,	Print)	np	ART	H. A.	lin.	Me/IN	gours	100	0011
31. DATE FILED (Month, Day, X	(M/)	32, REGISTRAF	'S SIGNATURE	2,00	10/11	111101	10 111	1.01	141	וון עטו	010		040
MAR 03 'C	る	Two was	AND THE PERSON										



1 - STATE REGISTRAR		STATE OF I		CERTIF					ILITIA	REG. NO			
1. DECEDENT'S NAME (First,		RISSA JA	DE GR	EEN					MONT	OF DEATH DEB 22		YEAR	3. TIME OF DEATH P
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (in)	rrs. leaf birthday) YRS.	IF UNDE	DAYS 3	IF UNDER	24 HRS. MIN.	(Mont	OF BIRTH h, Day, Year) EB 19	1993	Counti	HPLACE (State or Foreign ny) ARYLAND
9a. FACILITY NAME (# not in NATIONAL			CENTE	'R	9b. CIT	TY, TOWN O	HESDA		_		9c. COU	NTY OF D	
RESIDENCE OF DEC			CENTE		Y. TOWN	OR LOCAT						101110	10d. INSIDE CITY
MARYLAND 100. STREET AND NUMBER		MONTGOME	RY			ITHE					10- 017	1754 05 1	LIMITS? 1 YES 2 NO WHAT COUNTRY?
7309 CHRO	ME MIN							- 20882)				O STATES
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 NO	13	If yes, spe	ecify Cuba		, Puerto	f? (Specify Yer Ricen, etc.)	s or No—	14. RACE Black Speci	E — American Indian, k, Whits, atc. #y: BLACK
15. DEC (Specify only Elementary/Secondary (0 N / A	EDENT'S EDUC / highest grade -12)	CATION completed) College (1-4 or 5		Se. DECEDENT'S (Give kind of life. Do NOT us	work done	e during mos		ng	186	. KIND OF BU	SINESS/IND	DUSTRY	
17. FATHER'S NAME (First, MI		GREEN		-						Middle, Meiden ZABETH		rH	
19s. INFORMANT'S NAME (7)	ype/Print)	ORDEN	=	196. MAILING	ADDRES	SS (Street a				ber, City or Tow			
TOBY L. GRE	ON		20b. PL	ACE AND DATE	OF DISPO	OSITION (Na	me of		DAT	AITHER E 20c. LO	SBURG		
1 Buriel 2 Cremation 4 Donation 5 Other	(Specify)		Met	ry, crematory of o	ita:	n Cr	ema	tory	2/	27 1	Alexa	andr	cia, VA
21. SIGNATURE OF FUNERAL	SERVICE LIC		wit	lu	22	SNO				AL HO	OME,	P. A	1.
					_ [ROC			MD		350		
23. PART I. Enter the di shock, or M	peases, or c	omplications the	t caused the	ne death Do i	not ente		KVI	LLE,		208			Approximata
23. PART I. Enter the di shock, or liv IMMEDIATE CAUSE (Fin disease or condition resulting in death)	bart fallure.	a. GRO	JP B S	ne death Do i	COCC	er the mo	KVI.	LLE , Ing, such		208			
IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injuint)	ona, diate	a. GROID DUE TO FEMULE TO DUE TO	JP B S (OR AS A CO	STREPTO DISSEQUENCE O	COCC F): SIA F):	CAL S	KVI.	LLE,	aa car	208	Iratory an		Approximata Interval Between
IMMEDIATE CAUSE (in disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY!	ona, diate	a. GROID DUE TO FEMULE TO DUE TO	JP B S (OR AS A CO	TREPTO	COCC F): SIA F):	CAL S	KVI.	LLE,	aa car	208	Iratory an		Approximata Interval Between
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SNOCK, or MINIMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or Injuntat Initiated events resulting in death) LAS PART II. Other signification from the cause. Enter UNDERLY! CAUSE (Disease or Injuntation from the cause of the cause	ona, diate NG ry T Condition	B. GROID DUE TO DUE TO DUE TO G. DUE	JP B S (OR AS A CC) CRAL F (OR AS A CC (OR AS A CC) CRAS A CC (OR AS A CC (OR AS A CC (OR AS A CC (OR AS A CC)	THE DOTAL THE STREET OF THE ST	COCC F): SIA F): In the u	UN Z8. PL ER: ursing Homi	EPSI USUA ACE OF D S Re BROWN BROWN TES 2	S L FA	CIES Part I. ck only or 28d. DES	SYNDF 24a. WAS AN PERFOR 1 📉 YES 2	AUTOPSY MMED?	24b	Approximata Interval Batween Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 XXYES 2 NO
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

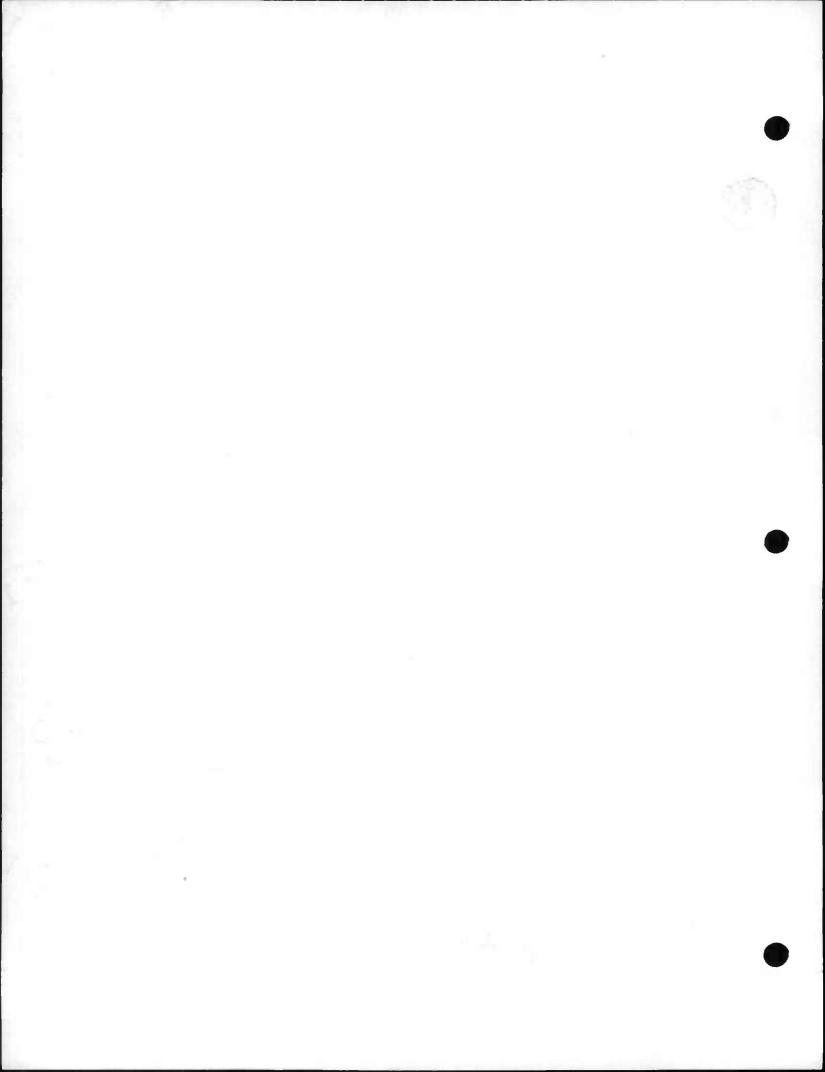
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) MAR 04 93

37 REGISTRATE'S SIGNATURE FUND JUNE DAME

DHMH-16 Rev 1/89



Clean by DK Mayer TO THE HOSPITAL OR ATTENDIMS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

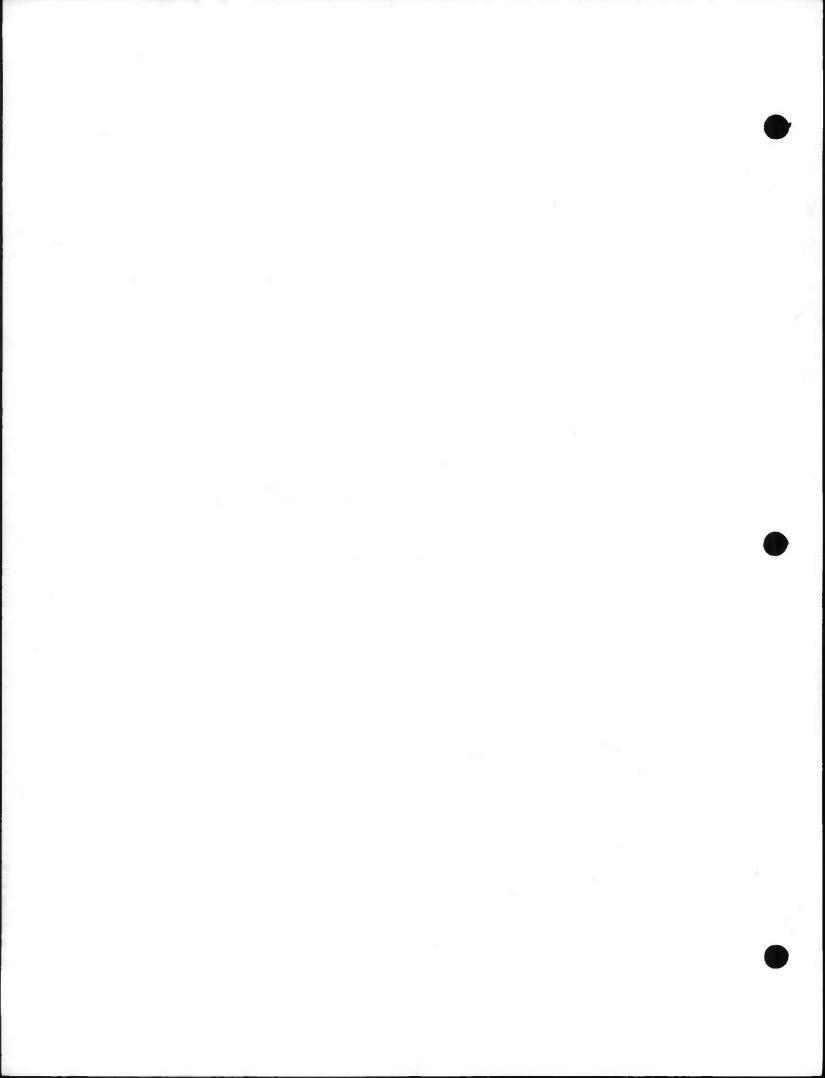
TO BE COMPLETED BY FUNERAL DIRECTOR

		AND / DEPAR CERTIFI				MENT	AL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)						2. DA	TE OF DEATH			3. TIME OF DEATH
1 L	Ruth N. Gar	cia					ruary 2		YEAR 993	8:49 am M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER t	YEAR	IF UNDER 24 HRS.	7. DAT	TE OF BIRTH	7	8. BIRTH	IPLACE (State or Foreign
214-46-7045	1 🗌 M 2 🖔 F	90 YRS.	MONTHS	DAYS	HOURS MIN.	Jan	25, 19	002	Countr	
9a. FACILITY NAME (If not institution, give stre	et and number)	50	9b. CITY,	TOWN O	R LOCATION OF D	EATH	25, 15	90.3 9c. cou	NTY OF D	Virginia EATH
Suburban	Hospital	i			Bethesda					
RESIDENCE OF DECEDENT	Hospital				Dechesu	а 			MONT	gomery
10a. STATE 10b. COUNTY		10c. CITY	, TOWN OF	R LOCAT	ION					10d. INSIDE CITY LIMITS?
	ntgomery				Bethese	da				1 YES 2 NO
10e. STREET AND NUMBER				10f.	ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
4516 Maple Avenue					20814	4		Un	ited	States
	12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED			ENDENT OF HISPA			or No-	14. RACE	- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I				ctfy Cuban, Mexico 2 X NO Specil		o Rican, etc.)		Speci	k, White, etc.
										White
15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	16a. DECEDENT'S (Give kind of w	ork done du			1	6b. KIND OF BUS	INESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	retired.)				Bureau	of E	ngra	ving
8		Sı	uperv	7iso	r		and Pri	ntin	g	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA		,	,		
	B. Webb					Ca	roline	Hunt	er	
19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural		-			
Jose A. Gar	cia	4516 1	Maple	e Av	enue Bet	hes	da, Mar	ylan	d 20	814
20e_METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Remov	at from State	PLACE AND DATE O	F DISPOSIT	TION (Nar	na of	0/2	ATE 20c. LO	CATION -	Cify or To	wn, Steta
4 Donation 5 Other (Specify)		Saint Pa	aul's	Ce	metery	193	Poin	t of	Roc	ks, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE	WSEE /		22. N	AME AN	ADDRESS OF FA	Chre	v Funer	al H	ome /	
1 Mense	Kent +	M00335	Bet	hes	da-Chevy Bethes	Ch	ase, In	9.7	557	Wisconsin
23. PART I. Entar the diseases, or co	mplications that cause		ot enter t	ha moc	le of dylan auc	h en ci	mary ran	retory err	014	Approximate
anock, or name tallure. Se	st only one ceuse on	ech line.	or circur t	ila illoc	o or dying, add	-11 UH C-1	irulac or respi	atory arr	vat,	Approximata Interval Between
IMMEDIATE CAUSE (Finel disease or condition	C. A:		.11							Onset and Death
resulting in death) a.	Caral	OMAGD	arv	14						1/242
	COOL	on de la); ^	DP	iluna					11/21.00
Sequentially list conditions,	DUE TO (OR AS	CONSEQUENCE OF	van	140	nuvie					1/09/13
if any, leading to immediate cause. Entar UNDERLYING	VOINCE	De Carl	DA C							
CAUSE (Disease or Injury that initiated events		I MAYUU	11 0	10 -						/ UF
resulting in death) LAST	OUE TO (OR AS	CONSEQUENCE OF	1	en	9					2913
resulting in death) EAST	OUE TO (OR AS	CONSEQUENCE OF	A L	lon	9					1648
d.	card	raic ar	ryt	hir	116					1/245
PART II. Other algnificant conditions	card	raic ar	ryf T the und	Air hir lerlylng	169 ceuse given in	Part I.	24s. WAS AN		24b.	VERRE AUTOPSY FINDINGS
d.	card	raic ar	ry f	hir	Couse given in	Part I.	PERFOR	MED?	24b.	AMAILABLE PRIDR TO COMPLETION OF CAUSE
d.	card	raic ar	Type und	hir	1167 couse given in	Part I.		MED?	24b.	AMAILABLE PRIDR TO
d.	card	raic ar	Tyf	Anir Ieriying	1167 couse given in	Part I.	PERFOR	MED?	24b.	AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	contributing to deeth i	raic ar	ryf n the und		Ceuse given in		PERFOR	MED?	24b.	AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	card	Suit Out	OTHER:	28. PL/	ACE OF DEATH (Ch	neck only	PERFOR 1 YES 2	MED?	24b.	AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to deeth I	out not resulting in	OTHER:	28. PL/ : ng Home 28c. tNJU	ACE OF DEATH (Ch	eck anly	PERFOR 1 YES 2	MED?		AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 VISITURE 5 Pending	contributing to deeth I	put not resulting in	OTHER:	28. PL/sing Home	ACE OF DEATH (Ch	eck anly	PERFOR 1 YES 2 one)	MED?		AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	CONTRIBUTING to deeth I	put not resulting in	OTHER: 4 Nursir	28. PLJ: ing Home 28c. INJU WOF 1 Y	ACE OF DEATH (Ch	6 Ott	PERFOR 1 YES 2 one) her (Specify) ESCRIBE HOW IN	MED?	CURED	AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	contributing to deeth I	put not resulting in	OTHER: 4 Nursir	28. PLJ: ing Home 28c. INJU WOF 1 Y	ACE OF DEATH (Ch	6 Ott	PERFOR 1 YES 2 one)	MED?	CURED	AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER of DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	CONTRIBUTING to deeth I	put not resulting in patient 3 DOA 28b. Time INJU	OTHER: 4 Nursir OF 2 IRY M	28. PL/2 ing Home 28c. tNJu WOF 1 Y Y	ACE OF DEATH (Ch. 5 Residence RP AT RK?	6 Ott 28d. D	PERFOR 1 YES 2 One) her (Specify) ESCRIBE HOW IN DCATION (Street a by or Town, State)	MED?	CURED or Rural R	AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	CONTRIBUTING to deeth I	patient 3 DOA 28b. TIME INJU	OTHER: 4 Nursir OF 2	28. PL/: ing Home 28c. INJU WOP 1 YI ry, offica	ACE OF DEATH (Ch. 5 - Residence RRY AT INC? ES 2 - NO	6 Ott 28d. D	PERFOR 1 YES 2 One) her (Specify) ESCRIBE HOW IN DCATION (Street a fly or Town, State)	MED? NO NJURY OCC AND Number	Or Rural R	AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
DART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTING to deeth I	patient 3 DOA 28b. TiME INJU	OTHER: 4 Nursir OF 2	28. PL/: ing Home 28c. INJU WOP 1 YI ry, offica	ACE OF DEATH (Ch. 5 - Residence RRY AT INC? ES 2 - NO	6 Ott 28d. D	PERFOR 1 YES 2 One) her (Specify) ESCRIBE HOW IN DCATION (Street a fly or Town, State)	MED? NO NJURY OCC AND Number	Or Rural R	AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	CONTRIBUTING to deeth I	patient 3 DOA 28b. TiME INJU	OTHER: 4 Nursir OF 2	28. PL/: ing Home 28c. INJU WOP 1 YI ry, offica	ACE OF DEATH (Ch. 5 - Residence RRY AT INC? ES 2 - NO	6 Ott 28d. D	PERFOR 1 YES 2 One) her (Specify) ESCRIBE HOW IN DCATION (Street a fly or Town, State)	MED? NO NUMBER No Number ner as stated due to the	or Rural R	AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neture 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TYTELOF CERTIFIER	CONTRIBUTING to deeth I	put not resulting in patient 3 DOA 28b. Time INJU	OTHER: 4 Nursir OF 2 RY M reet, factor	28. PL/: ing Home 28c. INJU WOP 1 YI ry, offica	ACE OF DEATH (Ch. 5 Residence RY AT IK? ES 2 NO	6 Ott 28d. D	PERFOR 1 YES 2 One) her (Specify) ESCRIBE HOW IN DCATION (Street a fly or Town, State)	MED? NO NUMBER No Number ner as stated due to the	or Rural R	AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
DART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTING to deeth I	patient 3 DOA 28b. TiME INJU	OTHER: 4 Nursir OF 2 PRY M 2 In the time in the	28. PLJ: ing Home 28c. sNJU WOF 1	ACE OF DEATH (Ch. 5	28d. D 28d. D 28t. LC	PERFOR 1 YES 2 Ther (Specify) ESCRIBE HOW IN DOCATION (Street a ty or Town, State) Sause(a) and man the and place, and	MED? NO AJURY OCC The property of the prope	or Rural R	AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Intural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TYTELOF CERTIFIER	CONTRIBUTING to deeth I	put not resulting in patient 3 DOA 28b. Time INJU	OTHER: 4 Nursir OF 2 PRY M 2 In the time in the	28. PLJ: ing Home 28c. sNJU WOF 1	ACE OF DEATH (Ch. 5 Residence RY AT IK? ES 2 NO	28d. D 28d. D 28t. LC	PERFOR 1 YES 2 Ther (Specify) ESCRIBE HOW IN DOCATION (Street a ty or Town, State) Sause(a) and man the and place, and	MED? NO AJURY OCC The property of the prope	or Rural R	AMALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Noute Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



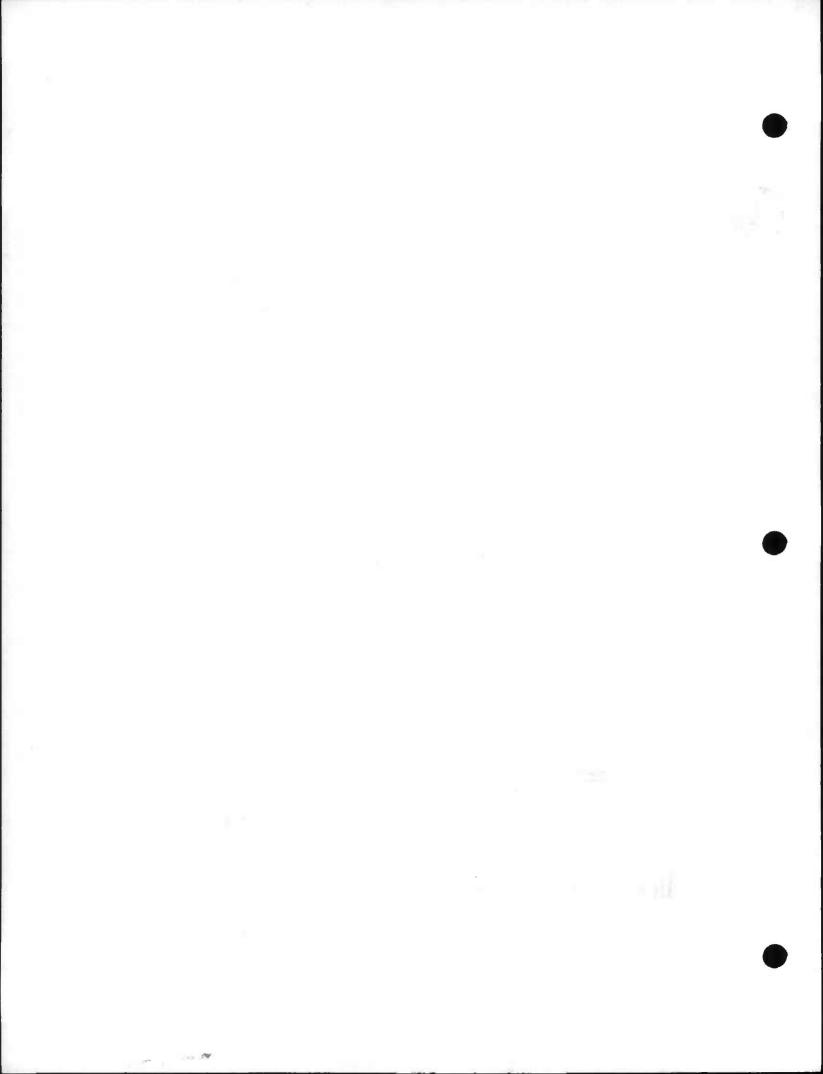
		FOR	
1		STATE	
U	-	REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Wallace F	R.	Go	rdon		01 18		93 11:01 A
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
212-56-6275 1	M2 DF 4	43 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	. 49	VIRGINIA
9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
3108 Wylie Aveni	10		Balti	moro		1	
RESIDENCE OF DECEDENT	ie		Dalli	шоте			
3108 Wylie Aveni RESIDENCE OF DECEDENT 106. STATE 106. COUNTY		10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
		151	Timor	E			1 YES 2 NO
S 104. STRISET AND NUMBER	1		10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ZOZ/ WOODBOYENE	= AVE		10	21239		45	A
TO 2 / WOOD BOYEN F. 11. MARITAL STATUS 1 Never Married 2 Married	P. WAS DECEDENT EVER IN FORCES? 1 TYPES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Vin, Puerto Rican, etc.)	es or No— 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specif			Specify:
	ION .	de December		1			DIACIC
(Specify only highest grade com	npleted)	16a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during m		16b. KIND OF BI	JSINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	1:011=	- Ha	1 140	140.	1:40	
17. FATHER'S NAME (First, Middle, Last)		MISAI	1//	10 110711	1/40	12100	
	Graden	ST		18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	
19a, INFORMANT'S NAME (Type/Print)	3 ORGON	T son MAII INC	ADDRESS (0	LUTG	Route Number, City or To	NS	
MAYINE WOOD	0 <	2621	WoodB		Are Dalis	wn, State, Zip Go	ild 21239
20p. METHOD OF DISPOSITION	13	2027	112	SULNE 1	HE, BALLI	MOCE	
1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State Cen	netery, crematory or fit	er place)	ame of	DATE 200.1	DCATION - City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	CIBUI	22 NAME A	ND ADDRESS OF FA	CT (7) (7) (7)	W DUI	CNIE /11/19
Pa 10	111-		1.	NO ADDRESS OF PA	M	411 KE	NWERT STINIC
Jane al	Malee		UNIV	elsal /	loctumy	WASH	incton, D.C.
23. PART I. Enter the diseases, or com shock, or heart feilure. List	pilcetione that ceuses	d the death. Do n	ot enter the me	ode of dying, suc	h as cardiac or res	piratory arrest	
iMMEDIATE CAUSE (Final	. om, one codes on c	2011 11710.					Interval Between Onset and Death
disease or condition resulting in death)	NARCOTIC A	ND ALCOHO	INTOX	ICATION			
	DUE TO (OR AS A	CONSEQUENCE OF):				
Sequentielly list conditions,							
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
CAUSE (Disease or injury	DUE TO (OR AS (CONSEQUENCE OF					
that initiated events resulting in death) LAST	202 10 (011 20 2	CONSEGUENCE OF	•				
d							
PART ii. Other significent conditione co	ontributing to death b	out not resulting in	the underlyin	g cause given in	Part i. 24a. WAS A		24b. WERE AUTOPSY FINDINGS
					1 6 /ES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?
					_		
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)		
EXAMINER?	OSPITAL: Inpetient 2 ER/Outp	patient 3 DOA	OTHER:	ne 5 X Residence	6 Other (Specify)		
I LATES 2 NO 1				JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME					
	28e. DATE OF INJURY (Modelly Day, Year)	INJU	JRY W	YES 2 ND	HNENORN		
2 Accident Investigation	1-18-93 28s. PLACE OF INJURY	unk.	M 1 🗆	YES 2 ND	UNKNOWN 281. LOCATION (Street	and Number or F	Rural Route Number,
2 Accident Investigation	1-18-93 28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, st	M 1 🗆	YES 2 ND	281. LOCATION (Street City or Town, State	3108 W	ylie Avenue
2 Accident Investigation	1-18-93 28a. PLACE OF INJURY building, atc. (Spec	Unk.	M 1	YES 2 ND	281. LOCATION (Street City or Town, State Baltimore.	3108 W Maryla	ylie Avenue
2 Accident Investigation	1-18-93 28a. PLACE OF INJURY building, stc. (Spec FOUND AT	HOME	M 1	YES 2 ND	281. LOCATION (Street City or Town, State Baltimore. to the cause(a) and me	3108 W Marvla	ylie Avenue nd
2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	1-18-93 28a. PLACE OF INJURY building, stc. (Spec FOUND AT	HOME	M 1	YES 2 ND e and place, and due death occured at the	281. LOCATION (Street City or Yown, State Baltimore. to the cause(a) and more Ilme, data and place, a	3108 W Marvla	ylie Avenue
2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	26a. PLACE OF INJURY building, atc. (Spot FOUND AT	HOME	M 1	YES 2 ND ND e and place, and due death occured at the 29c. LICENSE NUI	281. LOCATION (Street City or Town, State Baltimore, to the cause(s) and multime, data and place, a MBER	3108 W Marvla Inner as stated. and due to the co	ylie Avenue nd suse(a) and menner as stated. GNED (Month, Day, Year)
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Occuld not be determined 29e. CERTIFIER (Check only onle) 2 MEDICAL EXAMINER: O	26a. PLACE OF INJURY building, atc. (Spot FOUND AT	— At home, farm, st	M 1 reet, factory, office d at the time, date t, in my opinion, of	YES 2 ND e and place, and due death occured at the	281. LOCATION (Street City or Town, State Baltimore, to the cause(s) and multime, data and place, a MBER	3108 W Maryla Inner as stated. and due to the ca	ylie Avenue nd.
2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	26a. PLACE OF INJURY building, atc. (Spot FOUND AT	— At home, farm, st	M 1 reet, factory, office d at the time, date t, in my opinion, of	YES 2 ND ND e and place, and due death occured at the 29c. LICENSE NUI	281. LOCATION (Street City or Town, State Baltimore, to the cause(s) and multime, data and place, a MBER	3108 W Marvla Inner as stated. and due to the co	ylie Avenue nd suse(a) and menner as stated. GNED (Month, Day, Year)
2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0 29t SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	26a. PLACE OF INJURY building, atc. (Spot FOUND AT N: To the best of my know on the basis of examination of examination of the basis of examination of the basis of examination of examinatio	HOME Ath (ITEM 27) (Type,	reet, factory, office d at the time, date i, in my opinion, of Print) enn St	YES 2 ND ND a and place, and due death occured at the 29c. LICENSE NUI O . C . M	281. LOCATION (Street City or Town, State Baltimore, to the cause(s) and multime, data and place, a MBER	23108 W Maryla Inner as stated. and due to the ca 29d. DATE SI ▶01	ylie Avenue nd ruse(a) and menner as stated. GNED (Month, Day, Year) 19 1993



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pe he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

SHO

31. DATE FILED (Month, Day, Year)
MAR 1 2 '93

IRAUMA

32. REGISTRAR'S SIGNATURE
Gulia Davidson-Randalle

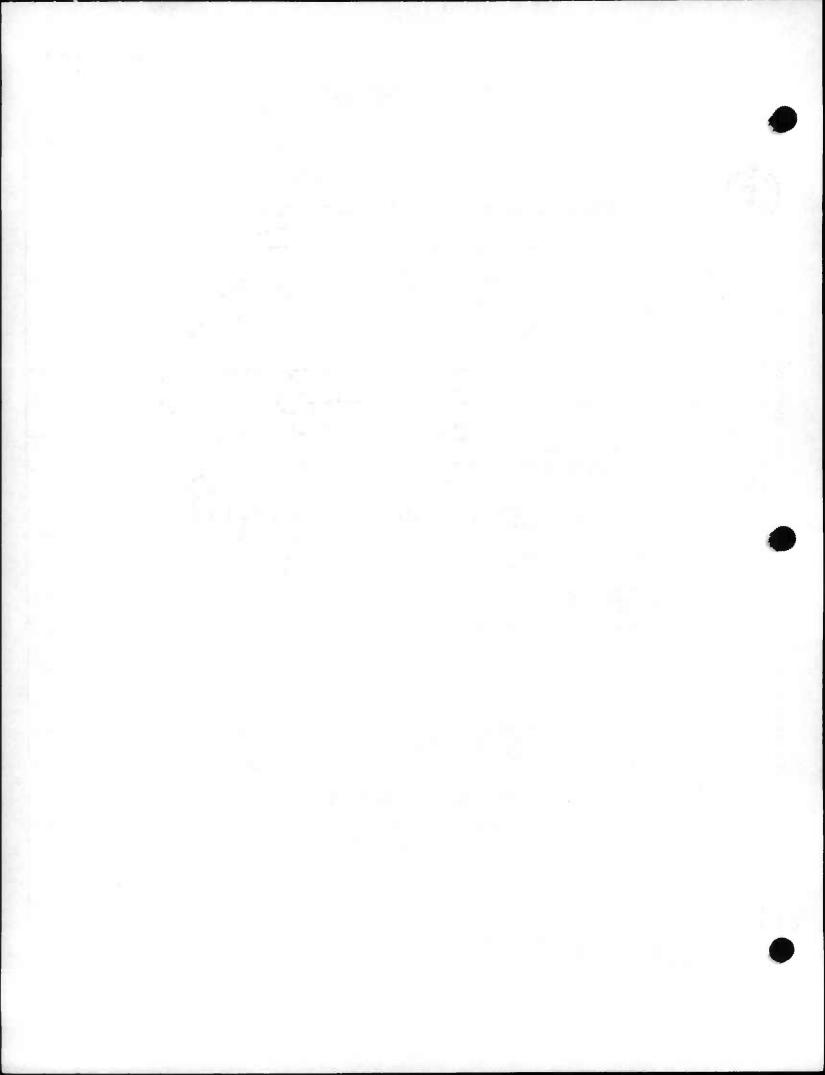
,	ITEMS: 23 PAR	RT II, 28b, & f,	PER MEO	G-69	9 5/11/93 1	.t/D.	C			
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			OF HEALTH AND OF DEATH	MENTAL	HYGIENE REG. NO.	93	07100	
	1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY PU	IGH GOF	RDON		2. DATE O	OF DEATH DAY	_ YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		ORLO			m	HECH 10	11 19	2308.33 H M	
	218-10-2510		yrs. lest birthday) 7 YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS DAYS HOURS MIN.	(Month,	Day, Year)		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give	/	7 YRS.	ah CITY	TOWN OR LOCATION OF	Aug. 19,1915 Virginia				
E		•	44-1		Baltimore (1	9c. COUNTY OF DEATH		
5	Shock Trauma,				-1LY					
DIRECTOR		2.0	Y, TOWN OF					10d, INSIDE CITY LIMITS?		
1 1	10e. STREET AND NUMBER	rford		Edgev	10f, ZIP CODE			IOn CITIZEN	1 ☐ YES 2 ☑ NO	
FUNERAL	1908 Chipper Dr	ive			2104	ın			JSA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. W	AS DECENDENT OF HISE	PANIC ORIGIN?	? (Specify Yes or		RACE — American Indian,	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			yes, specify Cuben, Mex ☐ YES 2 NO Spe		ican, etc.)		Black, White, etc. Specify: White	
	15. DECEDENT'S EDI	ICATION T	16a, DECEDENT'S	I CONTRACTOR	CHRATICAL	Lag	Vara or allan			
ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		work done de	uring most of working	160.	KIND OF BUSIN	ESS/INDUS	HY	
P.	7	0011990 (1-4 01 3 4)	Hous	ewife	2	- 1				
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, M.	liddle, Maiden Su	rname)		
BE		Pugh		_		Jane				
2	194. INFORMANT'S NAME (Type/Print) Rose A. Gordon				(Street and Number or Run					
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of									
	1 Buriel 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)	ioval from State cemet	ery, crematory or control Inity I	ther place) uther	an Cemeter	v 3–13	3-93	Joppa	• Md	
	21 BIGHATURG OF FUNERAL SERVICE O	Ma Comos	Me	22. N	ame and address of Sward K. Mo	FACILITY COMAS	III Fu	neral	Home, P.A.	
	23. PART I. Enter the diseases, or	complications that caused i	the death. Do	not enter t	he mode of dying, se	uch as cardi	iac or reapirat	tory arrest	Approximata	
	iMMEDIATE CAUSE (Finel	Ltat only one ceuse on aec	in line.	`	4		***		Interval Between Onset and Death	
	disease or condition resulting in death)	. Much pl	e 17	pur	us gior	n 111	19-0			
		a. Mulhyll DUE TO (ON AS A C	ONSEQUENCE O	9): ~ ~ ~	2015661	1.00	2001		·*:	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE O	F):	cuioqea	116 3	FIVER			
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
틸	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE O	F):						
CER	Constitution of Control of Control	d								
1	PART ii. Other significant condition	s contributing to death but	not resulting	in the und	lerlying ceuse given	in Part I.	24a. WAS AN AU PERFORME		24b. WERE AUTOPSY FINDINGS	
EDICA	CHRONIC OBSTRUCTIVE	PULMONARY DISEA	SE; HEART	DISEA	SE		1 YES 2		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2									1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
S	EXAMINERY 1. YES 2 NO	HOSPITAL:		OTHER						
¥	27. MANNER OF DEATH	1	28b. TIM	E OF	ng Home 5 Residence		(Specify) CRIBE HOW INJ	URY OCCUR	ED .	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	D M	WORK? 1 ☐ YES 2 ☑ NO	ML	0	retes	-sal	
ED B	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Specify	- At home, farm.	street, facto	ry, office	26f. LOCA	TION (Street and		Pural Ploute Number,	
	4 Homicide determined		Stree	<u></u>		Har	ford	AS. 22	& 136 Ol. MD.	
COMPLET		ICIAN: To the best of my knowled							J	
OS I	2 MEDICAL EXAMIN	ER: On the besis of examination of	end/or investigation	on, In my op	Inion, death occured at t	he time, date a	and place, and d	dua to the ca	ouse(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	À 1	FELL	0	29c. LICENSE N	UMBER	2	9d. DATE SI	GNED (Month, Day, Year)	
욘	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF DEAT						3/	4175	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
=	2 2	- 65-	

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIFI		F HEALTH AND		HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) Frank	Russel				2. DATE OF MONTH	DEATH DA	1993	EAR	3. TIME OF DE	EATH D M	
	4. SOCIAL SECURITY NUMBER 579 01 9525 9e. FACILITY NAME (If not institution, give st	1 M 2 D F	3E (in yrs. lest birthday) 78 YRS.	IF UNDER 1 YE		7. DATE OF (Month, D	BIRTH Pay, Year)	8.	Count ash	PLACE (State or y) ington	Foreign	
FUNERAL DIRECTOR	Calvert Memorial RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Hospital	ick		10d. INSIDE CI	ITY						
IL DIF	Maryland Calv 100. STREET AND NUMBER	ert	Pr	ince F	rederick		1 Og. CITIZEN OF WHAT COU					
NER/	German Chapel Roa				20678			- 17	SA			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 1 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1/2 YI IF YES, GIVE WAR OF	ES 2 NO R DATES	DECENDENT OF HISPA I, specify Cuban, Mexic YES 2 M NO Speci	an, Puerto Rici	Specify Yes an, etc.)	or No — 14	Black	- American In White, etc.	idlan,		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION	PATION g most of working			INESS/INDUS	TRY					
SOM	17. FATHER'S NAME (First, Middle, Last)	Steam fitter [First, Middle, Last) 18. Mon						Ction Summeme)				
BE (George Washington	Gessford				e E. F						
힏	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural				ode)			
	Franklim C. Gessf 20a. METHOD OF DISPOSITION	W		_	cres Rd.	Arnold			or To	was State		
	20a. METHOD OF DISPOSITION 1 Removal from State 20b. PLACEANDDATEOF DISPOSITION (Name of cametery, crematory or other place) Parklawn Cemetery 3/11/93 Rockville, Marylane											
	21. SIGNATURE OF FACILITY Rausch Funeral H 4405 Broomes Is. Rd. Port Republi										yland	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. VA. DUE TO (OR AS A CONSEQUENCE OF): C. A. C. A											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	RT II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part							24b.	WERE AUTOPSY AMAILABLE PRIC COMPLETION OF OF DEATH?	F CAUSE	
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		_	2	3. PLACE OF DEATH (C)	neck only one)						
YSIC	1 YES 2 W NO	HOSPITAL: 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify)										
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea	28d. DESCR	BE HOW IN	JURY OCCUP	ED						
B	2 Accident Investigation	28e. PLACE OF INJU	YES 2 NO									
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	pecify)	reet, factory,	onice	City or I	ON (Street ar fown, State)	nd Number or	Rural R	oute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER								euse(a	and manner as	stated.	
H H	29b. SIGNATURE AND TITLE OF CERTIFIER	Yersdo	m in	D.	29c. LICENSE NUI	ICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)				r)		
2	30. NAME AND ADDRESS OF PERSON WHO Dr Kioumarce Yazda	ani, M.D.	Prince Fre	deric	, Md. 206	78						
	31. DATE FILED (Month, Day, Year) MAR = 9 1993	32. REGISTRAR'S SI	GNATURE DO									

206



REG. NO.

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		Pages
BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	veen signed by the stranding physicials and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
AN	the hos	detach
MARYL	retained by	5 should be
ORE,	6 may be	ctor, page
M	Page	al direc
ALT	death.	funer.
m	s after	by th
	24 hour	filled in
RECORDS, P.O. BOX 68760,	ecuted within	deen signed by the attending physician and completely filled in by the
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Ö.	rtificate	Sylly B
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RECC	requires	een signe

DIVISION OF VITAL

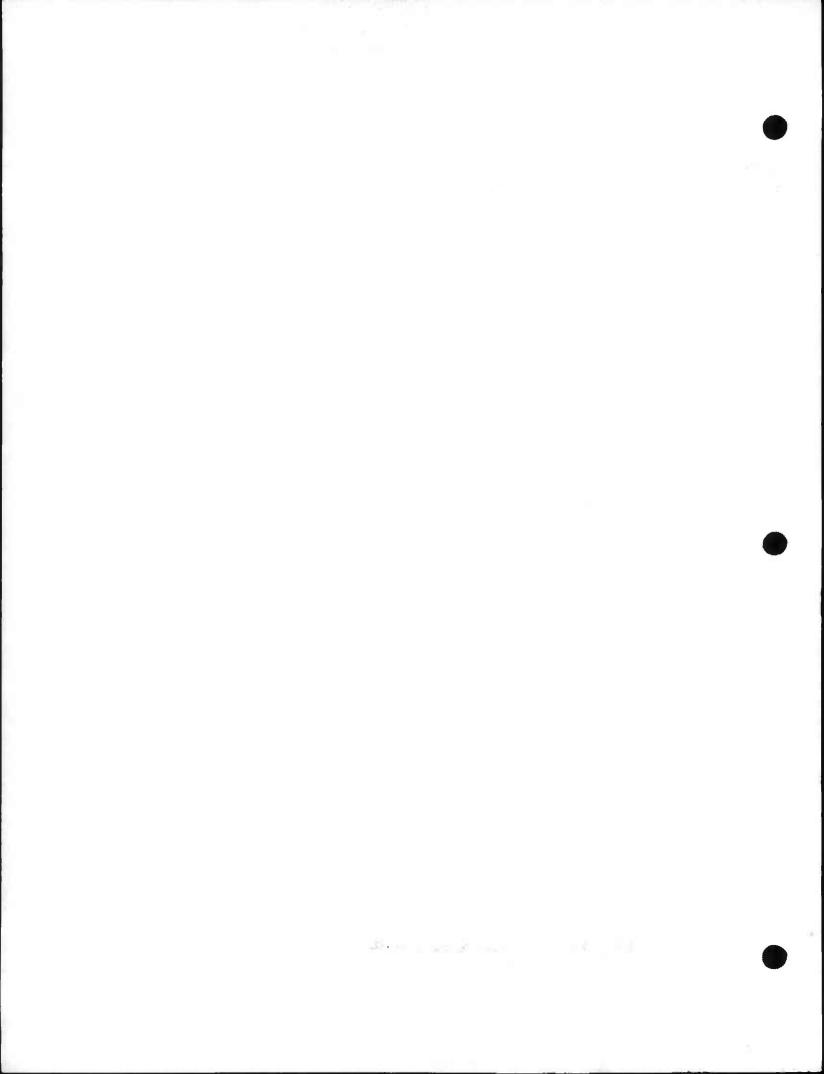
2. DATE OF DEATH DAY DECEDENT'S NAME (First, Middle, Last) Frances V. Gayle FEBRUARY 22 93 4:50 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF LINDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 2/25/07 577-38-3636 HOURS 1 M 2 XXF 85 Washington DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince Georges Hospital Center DIRECTOR Cheverly Prince George's RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Prince George's Maryland Hyattsville 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3713 65th Ave. 20784 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If ves. specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2XXNO Specify: BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Retail/Department Store Elementary/Secondary (0-12) College (1-4 or 5+) 7th Accts. Payable Clerk Woodward&Lothrup must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William E. Roberts Effie V. Mahoney 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3713 65th Ave. Hyattsville, Md. Thomas V. Gavle 20784 20a. METHOD OF DISPOSITION
1 XX purial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL-SERIOS CICENSEE Fort Lincoln Cemetery 2/25/93 Brentwood, Maryland examiner 22. NAME AND ADDRESS OF FACILITY Fort Lincoln Funeral Home, Inc. 3401 Bladensburg Rd. Brentwood the medical e 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition _____ Respiratory Failure this certificate has been signed by the attending physician and completely with the State Dept. of Health and Mental Hyglene prior to burial, cremainked, or Nem 23 shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Sepsis MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING Perforation of Bowel CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO 1 TES 2 NO PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER 1 - YES 2 NO ↑ Onpatient 2 ☐ ER/Outpatient 3 ☐ DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 A Natural L DIRECTOR: After the hours after death will term 28 is mark 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be datermined 4 Homicide 29a. CERTIFIER
(Check only one)

1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 Image: The control of the cause (e) and manner as stated.

3 Image: The control of the cause (e) and manner as stated. TO THE FUNERAL C filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 8 LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Ygár) H H H 9 22 PRS 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) K. Mohan. M.D. 6504 Kenilworth Ave. #200, Riverdale, MD 20737 32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARY	LAND / DEPARTMENT OF HEALTH A		RENTAL	HYGIENE
	CERTIFICATE OF DEATH	1		REG. NO.
4 :		$\neg \neg$	2 DATE OF	E DEATH

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	1 - FOR STATE OF STAT	F MARYL	AND / DEPART			MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH				
	Johnse Mae Glas 4. SOCIAL SECURITY NUMBER 5. SEX		ONNIE MAI	E GLASO	OW IF UNDER 24 HRS.	Z //	4 93	0533	M			
	149-44-3476 1 M 2 9a. FACILITY NAME (If not institution, give street and number	F	6,51 COM	Labama	n							
FUNERAL DIRECTOR	Washington Awarist h	ospiti	el	Tal	ma A	Will Montgonery						
IREC	10a. STATE 10b. COUNTY		4475	TOWN OR LOCAT	TON	Od. INSIDE CITY						
LD	Maryland Prince Geor	ges	Hyati	sville	ZIP CODE			XX YES 2 NO	_			
ERA	8140 15th Avenue #3				0783		U. S.					
BY FUN	1 X Never Married 2 Married FORCES?	DENT EVER IN 1 YES VE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN Inchry Pubmn, Mexica 2 NO Specify	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	s or No— 14. RAC Blac Spec	E — American Indian, k, White, etc.	\neg			
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S U	LIAI OCCUBATION	W	46F KIND OL BILL	BLa	<u>ck</u>	_			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	or 5+)	(Give kind of wo	de done divina ma	st of working	IND. KIND OF BU	SINESS/INDUSTRY					
MPL	11th Grade		Home make	er		Privat	e Indust	ry				
BE CO	17. Father's Name (First, Middle, Lest) Johnad Glassgow				Maryeda	Parrish	Surname)					
5	19a. INFORMANT'S NAME (Type/Print)					Houte Number, City or Tow		0700				
	Alkesha Glassgow 20-METHOD OF DISPOSITION 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	20b.	PLACE AND DATE OF	DISPOSITION (No	me of	Hyattsvil	Le, Ma Z		\dashv			
	11. Buffel 2 Cremation 3 Removal from State	Ha Ha	etery, cremetory or other	orial	Park	22 Feb 9						
	27 SIGNATURE OF FUNERAL SERVICE LICENSEE	1		22. NAME A	ID ADDRESS OF FA	Tohnson &						
	the to	N			_	t., N. W.	_	on, D.C.	200IL			
	23. PART I. Enter the diseases, or complications shock, or heart failure. List only one	that caused	the death. Do no	enter the mo	de of dying, suci	h as cardiac or respi	iratory arrest,	Approximate interval Betw				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ulp	ec 8	M	2 (8	eptics	lock	Onset and De				
_		MAA I	CONSEQUENCE OF):	1		V						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	10 (04 AS A	CONSEQUENCE ON	^ -				1 -	-1			
2	cause. Enter UNDERLYING CAUSE (Disease or injury	um	WWW.	1			1,,,		_			
E	that initiated events resulting in death) LAST	1 so	MM	neo	WILL	Empart	MM		- 1			
	PART II. Other significant conditions contributed	to doub h	d to a company	0	N '		anne I an					
SP	PART II. Other significant conditions contributing	MAN	It not resulting is	UM	Man My	Part I. 24s. WAS AN	AUTOPSY RMED?	MAILABLE PRIOR TO COMPLETION OF CAUS	1000			
MEDIC	1578 1075,5	2	in	7	. 01	1 TYES 1	1.100	OF DEATH?	`			
	RALLAM WILLIAM	T. L	NA	4m	HN			1 TYES 2 MO	- 1			
PHYSICIAN;	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSBITAL	V	10	26.PL	ACE OF DEATH ICH	ick only one)			=			
IYSI	1 YES 2 MAYO' 1 Topetient	2 RR/Outpe	itlent 3 DOA 4	☐ Nursing Hom		6 C Other (Specify)			_			
	1-Natural 5 Pending (Mon	COF INJURY On, Day, Year)	28b. TIME	IV WO	NK7 TES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be build 4 Hilmucide determined	CE OF INJURY ling, etc. (Speci	— At home, ferm, str		Control and the control of	281. LOCATION (Street a City or Town, State)	end Number or Rural	Route Mumber	\dashv			
	-								\dashv			
COMPLET	1 CERTIFYING PHYSICIAN: To the basis							a) and manner as status				
E CO	2 SIGNATURE AND TITLE OF CERTIFIER	#	V	, .,,	29c. LICENSE NUN		29d. DATE SIGNED					
TO BE	MILLEN	TO	WW	\mathcal{V}	NO 14	99	> 2/14	193				
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEA	TH (ITEM 27) (Type, P.	rint)								
	31. DATE FILED. (Month, Day, Year) 32. REGIN	TRAR'S SIGNA	TURE -						_			
	31. DATE FILED (Mooth, Day, Year) 1993 32. REG	TRAR'S SIGNA	Carl Bright	L								

State of the state

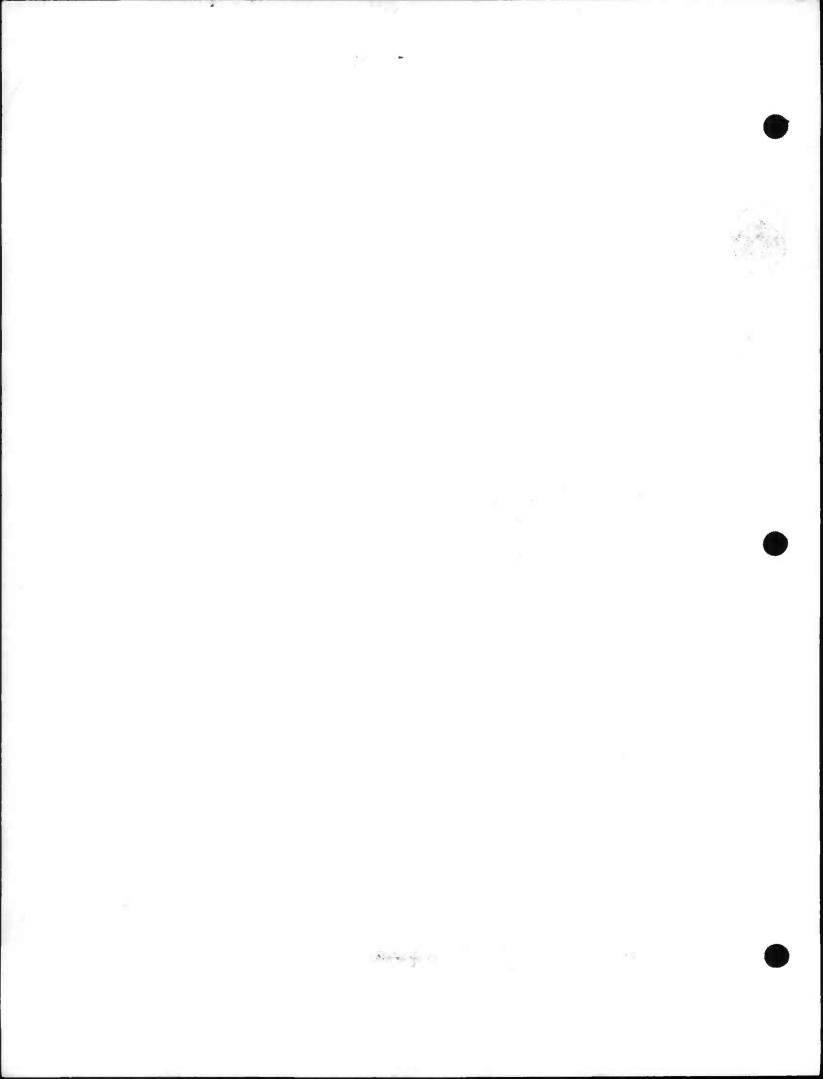
DHMH-16 Ray 1/89

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

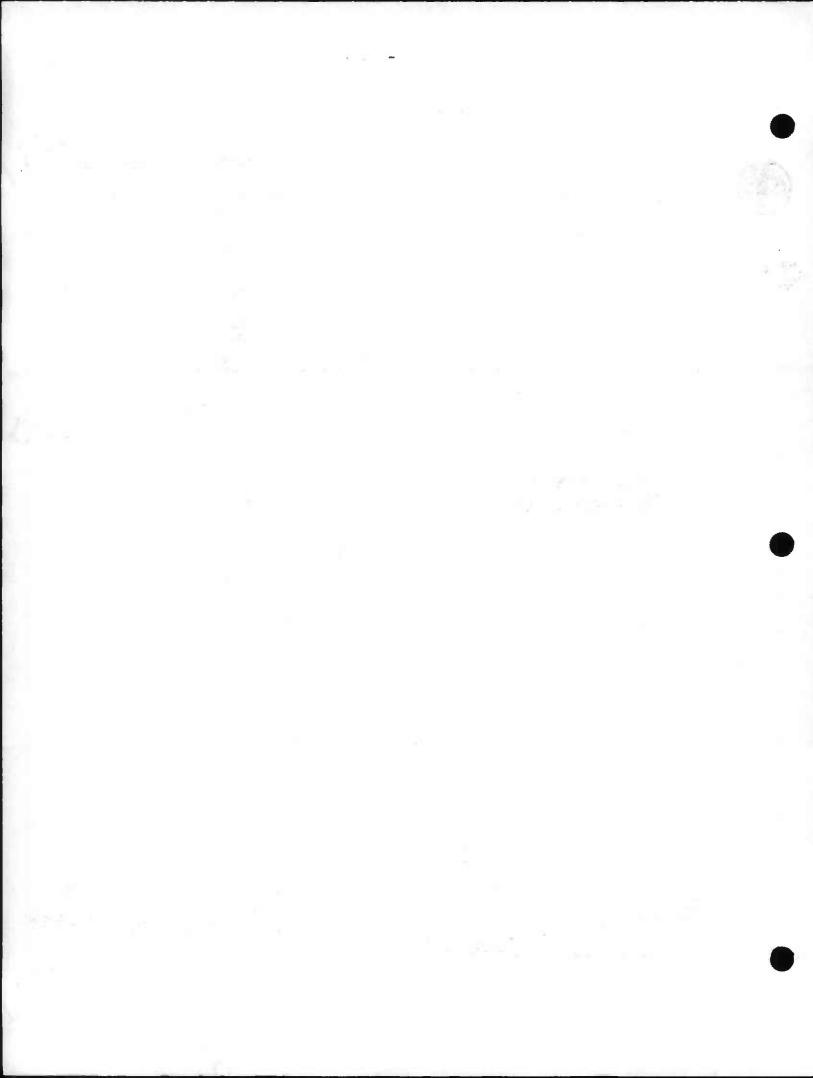
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	ROBERT WALTER GRAY 2. DATE OF DEATH MARCH 04A, 1993 AR 6:07 P M									
3	4. SOCIAL SECURITY NUMBER 5.77-16-8069 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 G F 73 73 78. SEX 6. AGE (In yrs. last birthday) 1 B UNDER 1 YEAR 1 F UNDER 14 HS. 1 MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH 1 MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH 1 MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH 1 MONTHS DAYS HOURS MIN.									
TOR	9a. FACILITY NAME (If not institution, give street and number) PHYSICIANS MEMORIAL HOSPITAL BESIDENCE OF DECEMENT 9b. CITY, TOWN OR LOCATION OF DEATH LA PLATA CHARLES									
DIRECTOR	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									
FUNERAL	8940 Poor House Road 101. ZIP CODE 20677 U.S.A.									
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. YES 2 NO IF YES, GIVE WAR OR DATES 13. WILdowed 4 Divorced 14. RACE — American Indian, If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, If yes, specify Cuban, Maxican, Puerto Rican, etc.) 15. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 16. RACE — American Indian, If yes, specify Cuban, Maxican, Puerto Rican, etc.) 17. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Farmer 16b. KIND OF BUSINESS/INDUSTRY Farming									
BE CO	17. FATHER'S NAME (First, Middle, Last) James Arthur Gray 18. MOTHER'S NAME (First, Middle, Maiden Surmame) Margaret Scott									
2	Paula C. Gray 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8940 Poor House Rd., Port Tobacco, Md. 20677									
	206. PLACE AND DATE OF DISPOSITION AND Burlel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 21. SIGNATUPE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of Computation of Com									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE AREHART-ECHOLS FUNERAL HOME, INC. P.O. BOX 567, LA PLATA, MD, 20646									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):									
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the undartying cause given in Pert 1. Arthritis Chronic Costructure Surs Disease History of Cardiac Arrhythman years of particular and provided in the undartying cause given in Pert 1. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHYSICIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO									
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation 28s. OATE OF INJURY MORIK? 28s. OATE OF INJURY MORIK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO									
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Quello C. clelele Company (Tem 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)									
	Aurelio C. De La Paz, MD. P.O. Box 1230 La Plata, Maryland 20646									
	MAR 05 '93 32. REGISTRAR'S SIGNATURE Sulia Davidon Parket									



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physiclan and completely filled in by the funeral director, page 5 should be detached for us be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
HOSPITAL DR ATTENDI	FUNERAL DIRECTOR: A	TANT: If Item 28 Is	
THE THE	THE THE	IMPOR	

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.				
ļ,	1. DECEDENT'S NAME (First, Middle, Last) HENRY SAMUEL GO					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 219-16-2163		7.0	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	02	9. BIRTH	2:55 p. PLACE (State or Form V) land		
i	9a. FACILITY NAME (If not institution, give			b. CITY. TOWN	OR LOCATION OF DE			UNTY OF D			
TOR	Solomons Nursing Center Prince Frederick Calvert										
DIRECTOR	Md. Cha	rles	10c. CITY,			10d. INSIDE CITY LIMITS? 1 PYES 2 X	NO				
FUNERAL	Rt 231 (P.O.	Box 197)		10	10f. ZIP CODE 20612				WHAT COUNTRY?		
À	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	CENDENT OF HISPAN Hecity Cuban, Mexical 2 NO Specify	n, Puerto Rican, etc.		200	E — American India ik, Whits, etc. III te	n,	
回	15. DECEDENT'S EDI (Specify only highest grad		18a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during m	ON ost of working	16b. KIND OF	BUSINESS/II	IDUSTRY			
COMPLETED	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	Fari	•		Agı	icul	ture	2		
BE CO	17. FATHER'S NAME (First, Middle, Last) Samuel Golds	smith				ME (First, Middle, Me: Indiana					
TO B	196. INFORMANT'S NAME (Type/Print) Isabelle C.	Goldsmith	195. MAILING A	BOX 1	and Number or Rural F 97, Ben	Route Number, City or redict,	Town, State, a	2061	12		
	20e, METHOD OF DISPOSITION 1 K Burlel 2 Cremetlon 3 Ref 4 Donation 5 Other (Specify)	moval from State	other place of disposition of the Mary	S Cen	metery, cremetory or netery		yant		the state of the s		
	21. BIGHATURE OF FUNERAL SERVICES	ICENSEE	100053	22 NAME A	Huntt F Box 15	Tuneral 66, Wald	Home	, Ir	nc. 20604	0.0	
	23. PART . Enter the diseases, or			t enter the m	ode of dying, suc	h aa cerdlac or n	epiretory (errest,	Approxima		
	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) a. Respiratory Failure										
N	Recurrent Aspiration Premoria										
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF):	dis	ease						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
	PART II. Other significant condition	one contributing to death	but not resulting in	the underlying	ng cause given in	Part I. 24s. WA	S AN AUTOPS	Y 24	b. WERE AUTOPSY FI		
MEDICAL	Uninamm	tract in	fection				S 2 NO		COMPLETION OF COOP DEATH?	AUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		_	26. 6	PLACE OF DEATH (Ch	neck only one)					
SIC	EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inputlent 2 ER/Ou	tpetient 3 🗆 DOA	QTHER:	me 5 🗆 Residence						
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE H	OW INJURY O	CCURED			
	2 Accident anvestigation 3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF INJUR	Y — At home, farm, st sc/ly)	reet, factory, off	ce	28f. LOCATION (St City or Yown, S		ber or Rural	Route Number,		
COMPLETED	CONTROL OF A STATE OF THE STATE	SICIAN: To the best of my kno NER: On the basis of examinati							(s) and manner as a	stated.	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFI	ER AMM	77.	2	29c. LICENSE NU	MBER	29d. D	ATE SIGNE	D (Mogth, Day, Year)		
6	30. NAME AND ADDRESS OF PERSON I	THO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, I	Print)	Da	11. 1.	مام	1-2	m N	129	
	31. DATE FILED (Month) Day, Year) MAD 0.5 '03	32. REGISTRAR'S SIG	NATURE ROMPLES	. 401	. na.,	Tuntir	7470	un,	MUDAL	∞\ (
	MHM U J JJ	Turou was to									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		CE	RTIF	ICATE C	F DEAT		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	1 10		1				2. DATE OF DEATH MONTH DA		VEAR	3. TIME OF DEATH
N/4818- F/17	abeth		GRO	255			2 2	7	93	6:30 Am
4, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE	1		7. DATE OF BIRTH		6. BIRTHPL	LACE (State or Foreign
217-36-7664	1 🗌 M 2 💢 F	89	YRS.	MONTHS DA	rs HOURS	MIN.	June 21,19	903	Mary	land
9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY, TOV	VN OR LOCATI	ON OF DE			NTY OF DEA	
Rt 1 Box 430				Hughe	sville	2		Cha	rles	
RESIDENCE OF DECEDENT									1.	
MD Char	1			y, town on Lo ghesvi						INSIDE CITY LIMITS?
190. STREET AND NUMBER	162		Hu	gnesvi	10f. ZIP COD	F		10a CITI		IX YES 2 NO
Rt 1 Box 430					2063				SA	
11. MARITAL STATUS	MED	13. WAS	DECENDENT O	OF HISPAN	HC ORIGIN? (Specify Yea	or No—	14. RACE -	- American Indian,		
1 Never Married 2 🙀 Married	10		, specify Cube		n, Puerto Rican, etc.)			White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WA									Black
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(G/	ve kind of v	USUAL OCCUP	ATION most of workli	ng	16b, KINO OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)			D	4.5.		
12			lomem	aker			Domes			
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maiden	Surname)		
Thomas H. Bowman		1					Hawkins			
190. INFORMANT'S NAME (Type/Print) Harriett Pattersor	1						Route Number, City or Tow 11e, Mary]			7
20a. METHOD OF DISPOSITION	l .			SITION (Name o					City or Town	
1 Donation 5 Other (Specify)	wal from State	St Ma	ry's	Churc	n Ceme	tery	Bry		wn, M	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		J	-						
* Klored /1	22. NAME AND ADDRESS OF FACILITY Adams Funeral Home 20605 Aquasco Rd, Aquasco, MD 20608									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
				_						Approximete
23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Finel				_						
shock, of heert failure. I IMMEDIATE CAUSE (Finel	ist only one caus	se on each line		not enter the						Approximete Interval Between
shock, of heert failure. I IMMEDIATE CAUSE (Finel		se on each line		not enter the	mode of dy	ing, suc	h ea cardiac or respi	iratory an	rest,	Approximete Interval Between Onset and Deeth
shock, of heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Renal DUE TO (OR AS A CONSEC	Luc DUENCE O	not enter the	mode of dy	ing, suc		iratory an	rest,	Approximete Interval Between Onset and Deeth
shock, of heert failure. In immediate CAUSE (Finel disease or condition resulting in death) Sequentiely list conditions, if eny, leading to immediate	Renal DUE TO (se on each line	Luc DUENCE O	not enter the	mode of dy	ing, suc	h ea cardiac or respi	iratory an	rest,	Approximete Interval Between Onset and Deeth
shock, of heert failure. In immediate cause. Enter UnDERLYING CAUSE (Disease or injury CAUSE (Di	Renal DUE TO (OR AS A CONSECUTION AS	DUENCE O	not enter the	mode of dy	ing, suc	h ea cardiac or respi	iratory an	rest,	Approximete Interval Between Onset and Deeth
shock, at heert failure. In in it is in	Renal DUE TO (OR AS A CONSEC	DUENCE O	not enter the	mode of dy	ing, suc	h ea cardiac or respi	iratory an	rest,	Approximete Interval Between Onset and Deeth
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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31. OATE FILEO (MOOPIN)

'93

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CKIIF	CATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE				3. TIME OF OEATH
	Marv		Susai	G1	enn		MONTH	DAY		YEAR	Δ	
	4. SOCIAL SECURITY NUMBER	- any						Februar		8 1	993	10:14
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	it birthday)	IF UNDER 1 YEAR	IF UNDER 24		7. DATE OF BH (Month, Day,			8. BIRTH Countr	IPLACE (State or Foreign
	219-07-6830	1 M 2 F	91	YRS.	MONTHS DAYS	HOURS	MIN.					
	9e. FACILITY NAME (If not institution, give s			96. CITY, TOWN	OR LOCATION	OF DE	12-1	9-0		NTY OF D	k Hall	
اعدا	The Kent and Ousen	Annalal	loonite	Tod		hester						
2	The Kent and Queen	1, 1110		iester	LOW	///			Kent			
[ច្ច	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY											
2	TOB. STATE		10c. CITY, TOWN OR LOCATION 10d.							10d. INSIDE CITY LIMITS?		
ā	Maryland Kent		Roo	ck Hal	1						XYES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER								TEN OF Y	WHAT COUNTRY?		
2	0 11 11 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								THAT COUNTRY?
뿌	<u>Catholic Ave.</u>					21661				US	A	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS DE	ENDENT OF	HISPAN	IC ORIGIN? (Spe	cify Yee	or No-	14. RACE	— American Indian, k, White, etc.
	1 Never Married 2 Married	FORCES? 1 [R OR DATES	10	If yes, s	William Cuban,	Mexicar	, Puerto Rican,	etc.)		Black	t, White, etc.
BY	3 X Widowed 4 Divorced				I U TE	47 VIII	Specify	:			Speci	Whiite
۱۵	15. OECEDENT'S EDUC	CATION	140.00	CEDENTIO	USUAL OCCUPATI			1000				
	(Specify only highest grade		(G	ive kind of w	ork done during m	ost of working		16b. KIND	OF BUSI	NESS/IND	USTRY	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)	170	Do NOT us	retired.)							
F			Mar	nnfac	cturer			M	anıı	fac	tori	ina
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NA	ME (First, Middle,			COLI	.IIG
										,		
8	James Thomas B	elley				Sar	a F	Rebecc	a P	ort	er	
2	19a. INFORMANT'S NAME (Type/Print)		19	. MAILING	ADDRESS (Street	and Number or	Rural R	loute Number, City	y or Town,	State, Zip	Code)	
F	Kenneth Glenn			32 + h	olic A	70 D	oal	r Hall	3.4	٦ .	2166	: 1
					F DISPOSITION (N		OCI					
	20a METHOO OF DISPOSITION 1 ABuriel 2 Cremetion 3 Remo	oval from State	cemetery, cre	matory or oti	ner placel						City or To	
	4 Donation 5 Other (Specify)		Wesle	ev Ch	napel (Cemet	ery	7102-2	0	Rocl	к На	all,MD
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1)	22. NAME A	ND ADORESS	OF FAC	HLITY		. 7 .		Rt.20
	Freih Ola	Ille	Vi									3 Kt.20
	74-56 4.6	1			Rock	Hall	, N	Maryla	nd	216	51	
	23. PART I. Enter the disesses, or c	omplications that	ceused the da	eth. Do n	ot enter the mo	da of dying	, such	es cardiac o	r reapire	atory srr	est.	Approximata
	silock, of fleat langte. 1	lst only one caus	e on aach iine									interval Between
	IMMEDIATE CAUSE (Final disease or condition	(50	1.		- 10	7						Onset and Daath
	resulting in death)											
	DUE TO CONTROL OF THE PROPERTY											
z	Sequentially liet conditions. b. Consequence of: b. Consequence of: b. Consequence of:											
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate	DUE 10 (0	R AS A CONSEC	UENCE OF	: /	7 -0000	, ()	1				
\ \ \	cause. Enter UNDERLYING	Koina	V ta	Vin	0							
유미	CAUSE (Disease or Injury	OUE TO (DAD AD ACOUSE	WC	<u> </u>							
È 1	that initiated events resulting in death) LAST	006 10 (0	R AS A CONSEC	DUENCE OF	:							
H	resulting in death) LAST	l,										!
Ö												
EDICAL	PART II. Other significant conditions	contributing to d	eath but not n	eaulting in	the underlyin	g cause give	en in F	Part I. 24s. V	MAS AN A		24b.	WERE AUTOPSY FINDINGS
3		Diahe	100/	nos	liene				PERFORM	1	1 7	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		1 - 1-	V	7 1	0 70	4.0	0	_ 10	YES 2	NO		DF DEATH?
Σ		10,70	1 CC J	50	0 60	Wera						1 TES 2 NO
ž I		Lace lun	00	/				- 1				
≤	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEAT	TH (Che	ck only one)				
S 1	EXAMINER?	HOSPITAL:			OTHER:							
PHYSICIAN:	27. MANNER OF/DEATH	1 inpatient 2 1			4 - Nursing Hor		_					
4	1./	28a. DATE OF IN (Month, Day		28b. TIME INJU		URY AT RK?		28d. OESCRIBE	HOW IN.	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation			- 52		ES 2 N	10					
	3 Suicide 6 Could not be	26a. PLACE OF	NJURY — At hor	ne, ferm, st	reet, factory, offic	,	_	28f. LOCATION	(Street an	d Number	or Rural B	nute Number
ŭ I	4 Homicide determined	building, et	c. (Specify)					City or Town	State)	- 110111001		Joile Marrison,
4 1	(Check only	IAN: To the best of m	y knowledge, de	ith occurred	at the time, date	end place, en	nd due t	o the cause(e) a	nd mann	or on state	ad	
Σ	one) 2 MEDICAL EXAMINER	: On the beels of axa	mination and/or a	rvestination	In my oninion d	anth accumul	of the t	l=== d=t====d=t		4		Company of the Company of the Company
COMPLETED					, at my opinion, c	auti occured	at the t	ime, aste ena pi	ace, end	ous to the) ceuse(e)	and manner ee stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	1 V/	0 40	7		29c, LICENS	E NUMI	BER		29d. DATE	SIGNEO	(Month, Day, Year)
	JAMES Paul	1 1601	r IN)		1)	12.	201		D 2	-16	1-92
2	30. HAMILAND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEL	27) (Time	Print)	.1	V	10/			1/	1
			(ITER	, (r/po, 1								
71	FEB 22 '93	182 REGISTRAR	SIGNATURE	00					_			
/	FEB 23 '93	Julia David	son-Nana	ريالايه								



or \$5 vit

DHMH-16 Rev 1/89

		permit. Poy	開発し
BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending projection	lled in by the funeral director, page 5 should be detached for use as the hartst-hansil, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending structure.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the brutal trained permit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECT

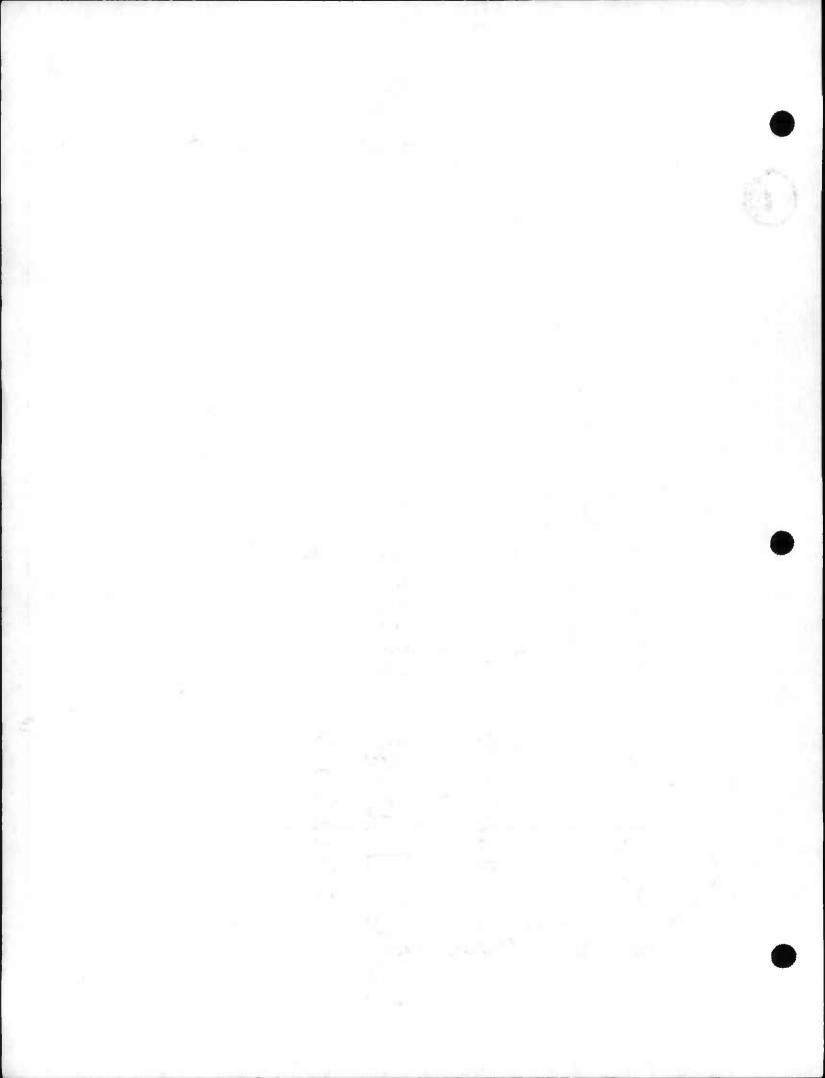
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Helene H. Harder Feb. 23 N 1993 YEAR								3 YEAR	8:00P				
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yr	s. last birthday)		R 1 YEAR		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	PLACE (State or Foreign	
129-30-333	0	1 M 3/1XF	94	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT.12,	189	-MIS	SSOURI	
9e. FACILITY NAME (If not institute NATIONAL			ME				KVII	ON OF DEA	ATH		TTCON	MERY CO.	
RESIDENCE OF DECED		DIAN IIC	71115			NOC.	LVVII	1111		MON	11601	TERT CO.	
					10c. CITY, TOWN OR LOCATION 10d. INSI								
VA.	FRE	DERICK	co.		W	INC	HEST	ER				LIMITS?	
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?													
442-FAIRMONT AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED					T	22601					U.S.A.		
1 Was December even in 1 Was December even in				2 X NO If yes, specify Cuban, Mexicen,					, Puerto Ricen, atc.) Black, White, e			- American Indian, White, etc.	
3 Widowed 4 Divorced		IF TES, GIVE W	IN ON DATES			1 YES	2 <u>K</u> <u>M</u> 0	Specify:			Specify	HHITE	
15. DECEDEN (Specify only high	IT'S EDUCA	TION empleted)	184	DECEDENT'S	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working . Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY . Do NOT use retired.)								
Elementary/Secondary (0-12)		College (1-4 or 5+) Ille. Do NOT (,	SSIONARM			RELIGION				
1.2	(ant)			MI	221	ONA.					ON		
17. FATHER'S NAME (First, Middle, Last) CHRISTOPHER H. HARDER 18. MOTHER'S NAME (First, Middle, Maiden Surname) DOROTHEA M. PAULSEN													
19e. INFORMANT'S NAME (Type/P	,	D D		19b. MAILING	ADDRES	S (Street a	nd Number	or Rural Ro	oute Number, City or Tow	n, State, Zip	Code)	22272	
REV.DR. RE	ICHA	עא			_			CIVE	, ROCKVI	TTE,	MD.	20850	
20e. METHOD OF DISPOSITION 1 Burlel 27 Cremetion 3		al from State	cemetery	CE AND DATE (ther placel					CATION —	-	*	
4 ☐ Donation 5 ☐ Other (Special Series) 21. SIGNATURE OF FUNERAL SER		ISEE	IMET	ROPOL					Y 2/24-A	LEXA	NDR	IA,VA.	
> 101 A Al					-2.	22. NAME AND ADDRESS OF FACILITY HYSONG CO., INC.							
100 PATE 5 1 11 11 11 11 11 11 11 11 11 11 11 11	pry	Down				1.30	-00	N S	TREET.N.	W.,	WASH	H.,DC	
23. PART I. Enter the disease ahock, or heart IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	fallura. U:		A			1			/	ratory arm	est,	Approximata interval Between Onset and Daath	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST Land Consequence of: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other significent co	onditions o	contributing to d	leeth but n	ot raaulting I	In the ur	nderlying	ceuse g	lven in P			24b. W	VERE AUTOPSY FINDINGS	
Corors	my	arte	ny	Se	De	ne	2 ^		PERFOR		Å	WAILABLE PRIOR TO COMPLETION OF CAUSE	
	/								1.0.22	Δ 110		F DEATH?	
									_				
25. WAS CASE REFERRED TO MED EXAMINER?		IOSPITAL:					ACE OF D	EATH (Chec	k only one)				
1 TES 2 XNO		☐ Inpatient 2 ☐ I	ER/Outpatien	t 3 □ DOA	4 Nun		5 🗆 Re	eldence 6	Other (Specify)				
27. MANNER OF DEATH 1 XNetural 5 Pendi 2 Accident Invest	ng igetion	28e. DATE OF III (Month, Day		28b. TIMI	E OF URY M	28c. INJU WOI 1 Y			28d. DEŞCRIBE HOW II	NJURY OCC	URED		
3 Suicide a Could 4 Homicide determ	not be	28e. PLACE OF building, et	INJURY AI	t home, farm, s	treet, fect	lory, office		1	Pat. LOCATION (Street e City or Town, State)	nd Number	or Rurai Rou	ite Number,	
29e. CERTIFIER OF THE PROPERTY IN	C BHYRICIA	No To the board											
									the cause(s) end man			and menner ee stated.	
29b. SIGNATURE AND TITLE OF C	ERTIFIER	11.7	6.		400	2	29c, LICE	NSE NUMB	ER /	29d. DATE	SIGNED (A	Aonth, Day, Year)	
30. NAME AND ADDRESS OF PER	SON WHO C	OMPLETED CAUSE	OF DEATH (TEM 27) (Type.	Print)		L.J.	41	16	-2	・イン	>.73	
DR.CHARLES		· ·				, M'	Г. А	IRY	MARYLA	ND			
31. DATE FILED (Month, Day, Year) WAR 05 93	}	32. REGISTRAR	Charles and the	Randa 22									

IMPORTANT, if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI		NT OF HEALTH A		NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Oll:	ie V. Hol	land			DATE OF DEATH DA	. 199	3. TIME OF DEATH 3 6:15 P M
	4. SOCIAL SECURITY NUMBER 5.			DER 1 YEAR IF UNDER 2	4 HRS. 7.	DATE OF BIRTH (Month, Day, Year) an 29,1	8.	BIRTHPLACE (State or Foreign Country) aryland
	9a. FACILITY NAME (If not institution, give street		9b. C	TY, TOWN OR LOCATION			9c. COUNTY	
F	Grosvenor Heal	th Care Cen	ter	Bethes	da		Mon	tgomery
띪	10e. STATE 10b. COUNTY			N OR LOCATION			_	10d. INSIDE CITY LIMITS?
	Maryland Monto	gomery		ROCKVILLE TIOT. ZIP CODE	3		10a CITIZEN	1 1 YES 2 □ NO
ERA	100 Victorial Disconsistant	rs Mill Rd,	#808	100000000000000000000000000000000000000	0851			S.A.
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 2 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	⊠NO	3. WAS DECENDENT OF If yee, specify Cuben, 1 YES 2 NO	Mexicen, Pr			RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		Give kind of work do life. Do NOT use retire	ne during most of working d.)		16b. KIND OF BUS		-
BE COM	17. FATHER'S NAME (First, Middle, Last) Will Duffin			18. MOTHE	Ella	(First, Middle, Maiden Hawkin	S	
٩		Daughter)	8205 W	arfield		Gaithe	rsbur	g, MD 20882
	20e. METHOD OF DISPOSITION 1 3 Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	of ceme	ACE AND OATE OF OIL etary, crematory or othe DIY GIOV	er piace) Cemete	ry			burg, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN RUSSE RUSS	- Brow	Al n.	22. NAME AND ADDRESS SNOWDEN ROCKVILL	FUNE	RAL HOM		Α.
	23. PART I. Enter the diseases, or consumer shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	it only one cause on each	gestive	Α	ilur	& Pai	lus	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that inhilated events resulting in deeth) LAST	DUE TO (OR AS A CO) DUE TO (OR AS A DO	Necounice of I	relur	2	myc	rjai	neg
PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 Uses 228 NO						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO		
SICIAN		HOSPITAL:	m 3 □ DOA 4A	26. PLACE OF DE				
)HX	27. MANNER OF OEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		d. DESCRIBE HOW I	NJURY OCCUP	RED
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY —		1 YES 2		81. LOCATION (Street		Rural Route Number,
ETED	4 Homicide determined	building, etc. (Specify)				City or Town, State)		
COMPLETED	(Oraca oray	AN: To the best of my knowledg On the basis of examination an						
8	29b. SIGNATURE AND TITLE OF CERTIFIER	dhab	ar m	29c. LICE	NSE NUMBE	792	29d. DATE S	GIGNED (Month, Day, Year) - 3 - 9 3
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	MONS-	TON	DR, 7	#50X	2
	31. DATE FILED (Month, Day, Year) MAR 05 93	32. REGISTRAR'S SIGNATU	RE .					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPARTI CERTIFIC			MENTAL HYG			
į.	1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEAT		YEAR 3.	TIME OF DEATH
	Freda Jone					2			2305 H
9	398-32-1150	0 1 🗆 M 2 💢 F	78 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Morth, Day, Ye	ar)	Country)	Virginia.
96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH ANNE Arundu Medical Center Annapolis MA RESIDENCE OF DECEDENT 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 106. INSIDE CLIMITS?									Н
									d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 570 Bell	erive b	1. #201	101	ZIP CODE			U.S.A	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I	YES 2 NO	If yes, sp	ENDENT OF HISPAN ocity Cuben, Mexica 2 NO Specify	n, Puerto Rican, et		4. RACE — Black, W Specify:	American Indian, Thite, stc. White
	15. DECEDENT'S E		16a. DECEDENT'S US	UAL OCCUPATION	DN	18b. KIND O	F BUSINESS/INDU	STRY	WIII GE
COMPLET	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of word life. Do NOT use no Foreign S	k done during mo etired.)	st of working				isconsin
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M		01 112	LOCOLIDALI
BEO	Denis F. Jo	nes			Hatty	re B. !	Chomas		
인	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ODRESS (Street a	nd Number or Rural I	Route Number, City of	or Town, State, Zip C	(ode)	
F	Thomas Himmelm	ann	764 Wi	ndgate	Dr. An	napolis	Md. 21	401	
	20e. METHOD OF DISPOSITION 1	moval from State	20b. PLACE AND DATE OF 1 cemetery, cremetory or other Chambers (place)		1.4	c. LOCATION — CI	,	
	21. SIGNATURE OF FUNDRAL SERVICE	S #7670	mles		o Address of FA	W.W.	Chambers	Co.	Inc.
TION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. PGS PDUE TO (OR DUE	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	r (respiratory arre	nt,	Approximate Interval Between Onset and Death
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Discesse or Injury that Initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF): ACCO	A					
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROBLEM TO ANALYSIS PROPERTY.							AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Residence	0.000			
Ĭ	27. MANNER OF OFATH	28e. DATE OF INJ	URY 286 TIME C	OF 28c. INJ	URY AT		OW INJURY OCCU	RED	
ВУР	1 Netural 5 Pending	(Month, Day,)	ter) INJUR		RK? /ES 2 NO				
							e Number,		
COMPLETED			knowledge, death occurred i						nd manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUN				onth, Day, Year)
BE	/1	ms.			03375				-93
2	30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE O	OF DEATH (ITEM 27) (Type, Pr	(nt)	ninsvi				
	31. DATE FILED (Month, Day, Year) MAR 03 '93	32, REGISTRAR'S							. ,/)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hydene prior to burla, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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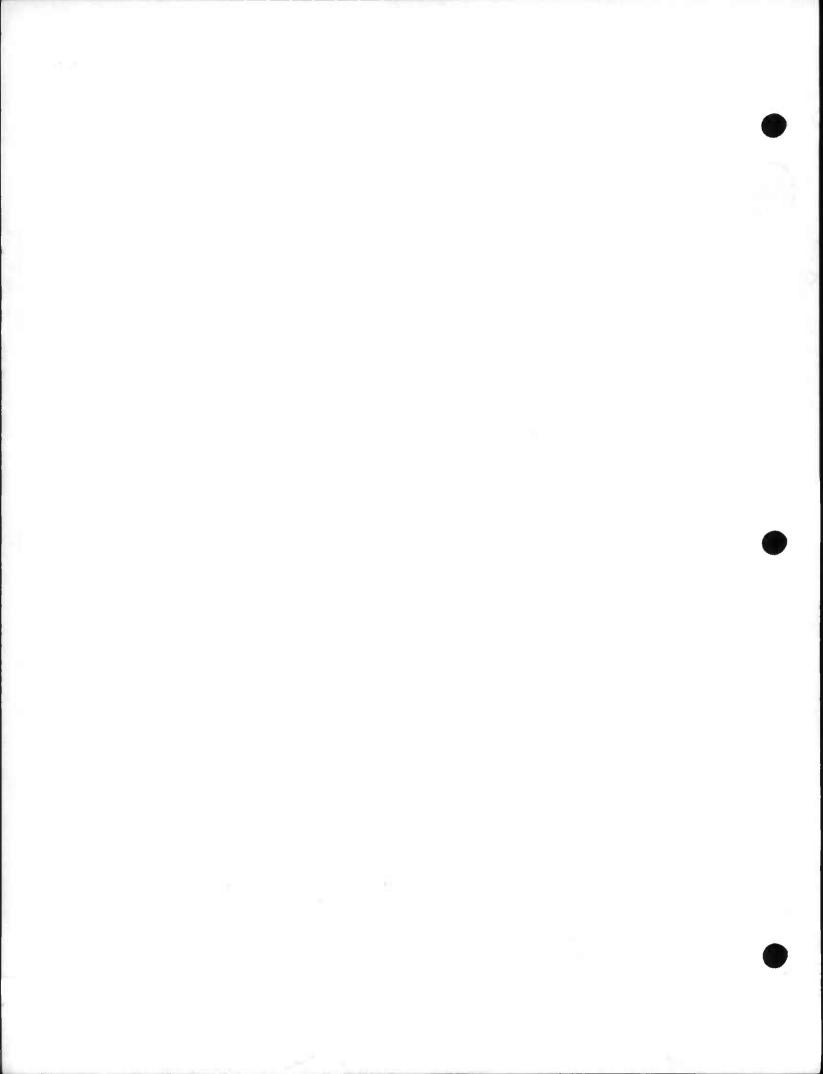
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages improperately in the State Dept. or Health and Mental Hygene prior to burial, cremation, or removal.

O BE COMPLETED BY PHYSICIAN: MENIAN. MENIAN.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMENT	OF H	EALTH A	AND M	ENTAL HYGIEN			
		Herbert		user				T	2. DATE OF DEATH DOWNTH DEATH	-	1993	3. TIME OF DEATH 7:00 P M
	517-22-4984	X M 2 □ F	AGE (In yrs. last	birthday) YRS.	IF UNDER MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) May 19, 1	923	8. BIRTHI Country Penn	sylvania
TOR	9a. FACILITY NAME (If not institution, give stree Holy Cross Hospita RESIDENCE OF DECEDENT	,			-59		Spr:		тн		nty of DE	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgo	mery			y, town o		ION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1415 Bradley Avenu	e				101	ZIP CODE	2085	51	*		States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	P. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 NO		11	l yes, sp		, Mexican,	ORIGIN? (Specify Yer Puerto Rican, etc.)		14. RACE Black, Specif	— American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ion inpleted) College (1-4 or 5+)	(Giv	w kind of a Do NOT us	usual oc work done d retired.)	luring mo	N st of working	,	ACCOUNT		DUSTRY	f-employed
R	17. FATHER'S NAME (First, Middle, Last) Benjamin Lawrence 19a. INFORMANT'S NAME (Type/Print)	e Housei					Ros	se F	E (First, Middle, Melden Holtz	Surname)		
5	Staci L. Houser		1	5739	Cral	bbs	Brand		ute Number, City or Tow By, Rock (/ille	, MD	
4	20e. METHOD OF DISPOSITION 1		20b. PLACE AI cemetery, crem SUDU:	atory or o	ther place)	emat	orv		Silv	er S	ony or Tow	m, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Ray	RP		22 R	app 33 G	Fune:	raI S Avenu	Services, Je, Silver	P. A		
NO	23. PART I. Enter the diseases, or conshock, or heart failure. Lis immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OF	AS A CONSEDI	Ca:	rdiac VVL D: Isc	Ar.	rest		an cardiac or respi		rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF): C. DUE TO (OR AS A CONSEDUENCE OF): C. DUE TO (OR AS A CONSEDUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other algolficent conditions of	ontributing to de	ath but not re	euiting i	in the uni	derlyinç	ceuse gi	ven in Pa	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN		OSPITAL:			OTHER	1	ACE OF DE					
BY PHYS	1 YES 2 (X NO 1) 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF IN. (Month, Day,	IURY	28b. TIM		28c. INJ WO	JRY AT	2	Other (Specify)	NJURY OC	CURED	
8	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF IN building, etc.	IJURY — At hom . (Specify)	e, farm, s	street, facto	ory, office		2	261. LOCATION (Street (City or Town, State)		or Rumil Ro	oute Number,
COMPLET	29a. CERTIFIER 1 X CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER: (and manner as stated.
TO BE	296 SIGNATURE AND TIPLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE (OF DEATH (ITEM	27) (Noe.	Print)		29c. LICEN	SE NUMB	13			Month, Day, Year) ary 26, 1993
	Ira Tauber, M. D.,		Georgia		-	#3	04,	Silv	er Spring	, MD	2090)2
	MAR 04 '93		vida Ro	ndo 80								





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0	ician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit. Proces
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BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physiciar	should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	CONTRACTOR IN DISCOUNT OF THE PROPERTY OF THE
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALLIMOKE, MAKYLAND	Division of VI At RECORDS, F.C. BOX 88760,

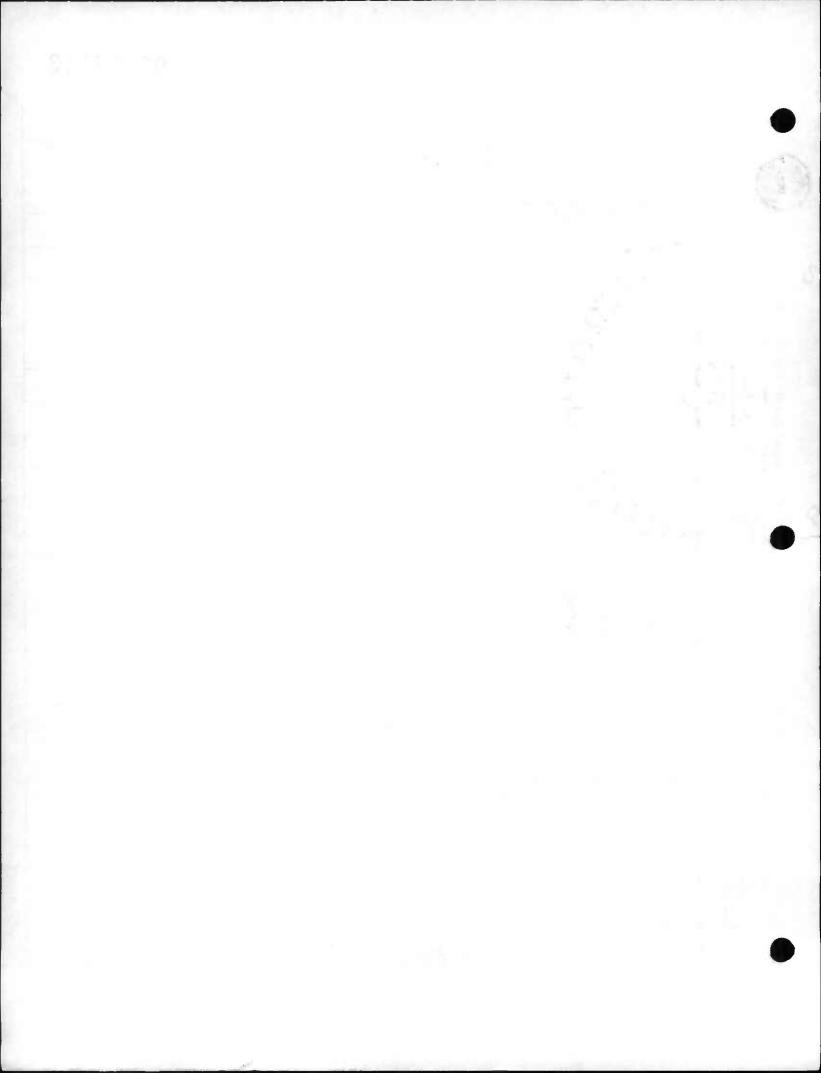
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	SOON	HAN	/		2. DATE OF OEATH DATE OF OEATH	YEAR O'S	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 559-75-4928 9e. FACILITY NAME (If not institution, give sit	1 □ M 2 🔀 F	80 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 19,	1913 Ko	
TOR.	Shady Grove Adven			ockvil	R LOCATION OF OE	ATH	Montgo	
DIRECTOR	10e. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 11605 Georgetown	101. ZIP CODE 10g. CITIZ						F WHAT COUNTRY?
11. MARITAL STATUS 1								
COMPLETED	15. DECEDENT'S EQUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. OECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mo tired.)	on at of working	16b. KIND OF BUS	I SINESS/INDUSTRY	Asian
MP	17. FATHER'S NAME (First, Middle, Last)		Home Make	r	46 5407147010 114	Own Ho		
BE C(Han Ung Kyo				Lee Yeo	ME (First, Middle, Malden	Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Chong Cho		19b. MAILING ADI			Da. Number, City or Town	n, State, Zip Code)	
	20e. METHOD OF OISPOSITION 1 Serial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	wal from State 20	b. PLACE AND OATE OF DI metery, cremetory of others Gate. OL H	eaver (Cemetery	3/4 Si	cation - city or Liver Sp.	Town, State
	21. SIGNATURE OF FUNERAL SERVICE UCI							urg, MD 20877
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, anock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							
PHYSICIAN: MEDICAL CER	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDIN							COMPLETION OF CAUSE OF DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
ΥS	1 TYES 2 X NO 27. MANNER OF DEATH	1 Inpetient 2 - ER/Out	petient 3 DOA 4	Nursing Home	5 🗆 Residence 1			
	1 Natural S Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	RK?	28d. DESCRIBE HOW IN	NJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	ation 28e. PLACE OF INJURY — At home, lerm, street, factory, office 28l. LOCATION (Street and Number or Rural Route Number,					i Route Number,	
Ē (200 CENTERED V		N.A			NI	4	
COMPLETED	(Check only	CIAN: To the beat of my known: COn the beele of examination						e(e) end manner ee stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIER	K. Ce.			29c. LICENSE NUM	BER 2 3	29d. DATE SIGNE	ED (Month, Day, Year)
۵ ا	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	1046,	ove Ho	spitel R	ock H	le mon
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BY UNIX K. LEE, M. D. SHARDY GYOUR HOSPITH, ROCKE MED 31. DATE FILED (Month, Day, Year) MAR 04 93 JAMESTRAP'S SIGNATURE JUNE JUNE JUNE JUNE JUNE JUNE JUNE JUNE							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	ENDI	DR: A	90
	A ATT	RECTL A	E 2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as he find within 72 hours after death with the State hart and Mental Havilete and it has been added to the companion or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	O THE	JH C	2
	F	F 2	=

1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF I		MENTA	L HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			. TIME OF DEATH	1
MARGARET L.	HARRIS				FEE	BRUARY		YEAR 993	01:08	aM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 P				HRS. 7. DATE OF BIRTH 8. BIRTHP				ACE (State or For	
234-30-2011	1 🗌 M 2 🙀 F	70 YRS.	ONTHS DAYS	HOURS MIN.		e 7, 19	22 W		Virgini	a
9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D			9c. COUNT	TY OF DEA	тн	
CALVERT MEMORIAL	HOSPITAL		PRINCE	FREDERIC	CK		CALV	ERT		
10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAL	TION				1	Od. INSIDE CITY	
Maryland Calve	rt	Lusb	у					1	LIMITS?	NO.
10e. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZ		AT COUNTRY?	-
11542 Wild Cat C	ourt			20657			USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, ap	CENDENT OF HISPA ecity Cuban, Mexic 2 X NO Speci	en, Puerto	N? (Specify Yes Rican, etc.)	or No-	I4. RACE - Black, Specify:	- American India: White, atc. White	n,
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U			16	b. KIND OF BUS	SINESS/INDU	STRY	MILLE	
(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind of wo	ork done during mo retired.)	ost of working						
12		Homemake	r		0	wn Hom	e			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First,	Middle, Malden	Sumame)			
Herbert Jackson				Edith						
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural						
John L. Harris		12240	Allspic	e Ct.; V	Voodb	ridge,	VA 2	2192		
20e. METHOD OF DISPOSITION 1	oval from State come	PLACE AND DATE OF etery, cremetory or oth lirfax Me	er place)		2/2		cation – co Fairf		, s _{iete} Virginia	a
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1111011	22. NAME A	ND ADDRESS OF F	ACILITY				VIIBINI	_
1 Jemp VI	rottle		Alexa	ne Funer ndria, V	/irgi	nia 22	314			
23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. [CSp] ro	tory Cau	diac	arrest		-			Approximatinterval Bell Onset and	tween Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	helming consequence of):		+ Ad.	ult 1	lesp Pi	etress Vrd	rone	loda	رح
PART II. Other significant condition	e contributing to death bu	it not resulting in	the underlyin	g ceuse given in	Part I.	24a. WAS AN			ERE AUTOPSY FIN	
Intestinal Ps Previous Cere			dort		PERFORMED?			0	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25 WER CARE DEFENDED TO MEDICAL										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)						
1 VES 2 ANO 27. MANNER OF DEATH	1 inpatient 2 ER/Output 28s. DATE OF INJURY	tlent 3 DOA 4		e 5 Residence	4		HIEW COC.	IDEO.		
1 Netural 5 Pending	(Month, Day, Year)	INJU	RY WO	PRK?	Zed. DE	SCRIBE HOW I	NJURT DCCU	MED		
2 Accident trivestigation 3 Suicide 6 Could not ba detarmined 4 Homicide 1 Homicide 1 Could not ba detarmined 1 Detarmined 1 Detarmined 1 Detarmined 1 Detarmined 1 Detarmined 1 Detarmined 2 Detarmined										
	CIAN: To the best of my knowle								nd manner as sta	ted.
29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER		29d. DATE	SIGNED (M	Ionth, Day, Year)	
PCallal	an tear						18			
30. NAME AND ADDRESS OF PERSON WH PRICILLA CALLAHAI	O COMPLETED CAUSE OF DEA			EDERICK,	MD	20678	, 0	1 (1)	2	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		LIVE FR		עניו	20070				
MAR 04 '93	Lulia Davida									17.7

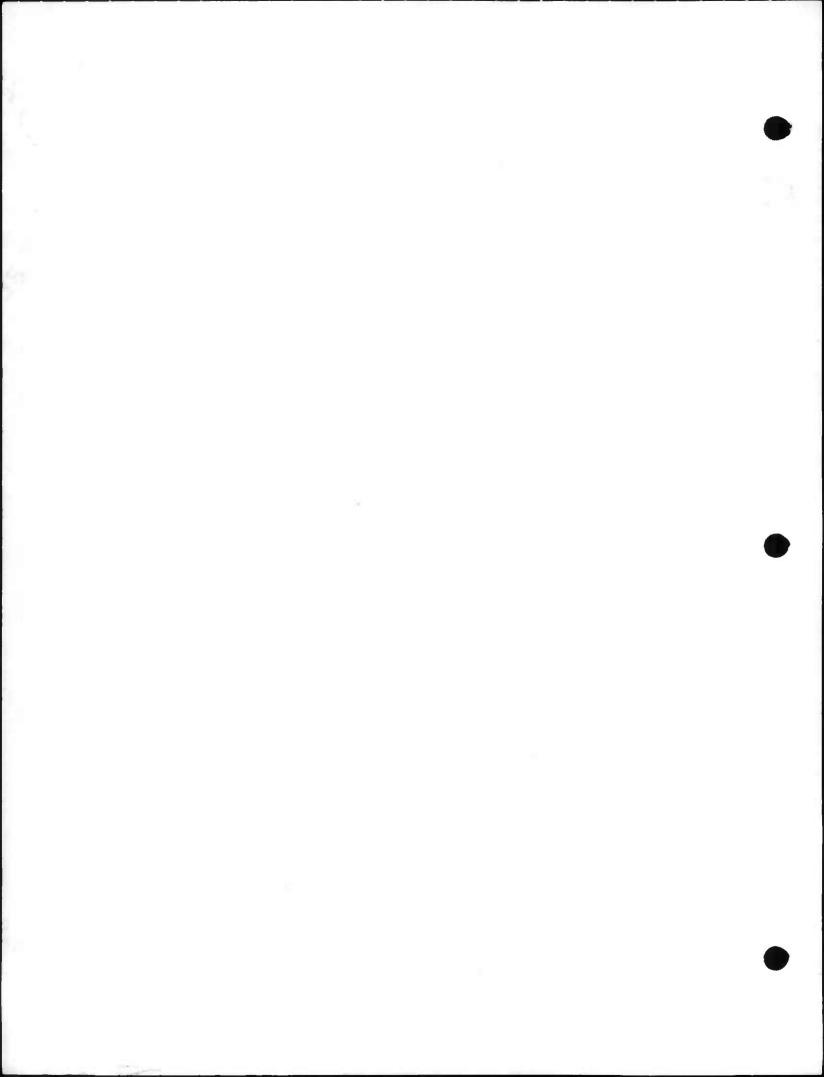


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE BINESAL DIBETTION After this certificate has been closed by the attending physician and completely filled for the fundamental prince of a physician physician.	be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to bunal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

y, or othe	CERTIF	that initiate resulting in
23 shows any Injury,	PHYSICIAN: MEDICAL	PART II. Ot
28 Is marked, or item 2	ВҰ	25. WAS CASE EXAMINE 1 YES 27. MANNER (1 Acck 3 Sulci
MPURIANT: If Item	COMPLETED	29a. CERTIFIE (Check on one)
IMPORT	TO BE	290. SIGNATU

ICATION

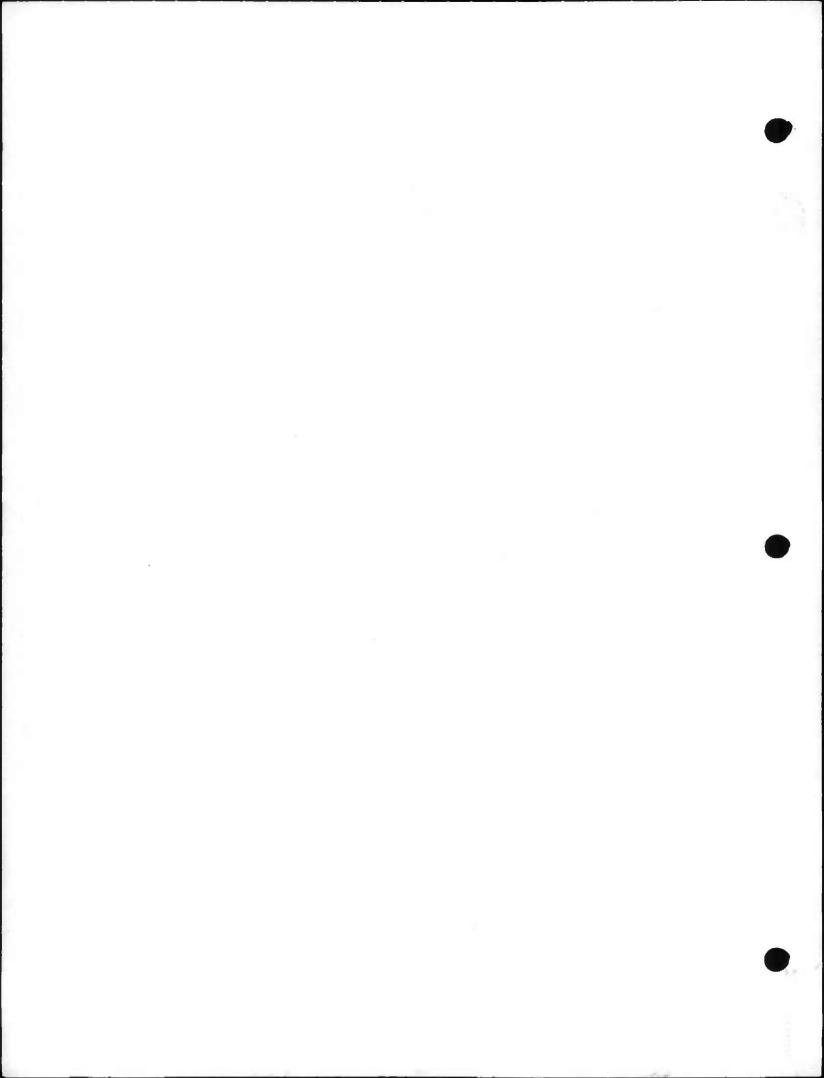
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1 - STATE REGISTRAR	_	STATE OF I	MARYLAN			F HEALTH A		ENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	VOR	А м.	111	ARM	NOC		2	DATE OF DEATH MONTH 20	18	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In y	rs. last birthday)	IF UNDER 1 Y			Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
225-32-3030		1 M 2 F	8.	YRS.	MONTHS	NYS HOURS I	л М.	May 5, 19	11	Virginia	
9a, FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY, TO	WN OR LOCATION	OF DEAT	Н	INTY OF DEATH		
Holy Cross	Hospi	ital			S	ilver Sp	ring	<u> </u>	Montgomery		
10a. STATE	10b. COUNT			10c. CIT	Y, TOWN OR I					10d. INSIDE CITY LIMITS?	
Maryland		Montgom	ery		R	ockville				1 X YES 2 NO	
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CIT	TIZEN OF WHAT COUNTRY?	
600 Crabb A	venue					20850				ited States	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	NO X	13. WAS	DECENDENT OF N s, specify Cuban, I	IISPANIC fexican, i	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.	
3XXWidowed 4 Dive		IF YES, GIVE V	WAR OR DATES	5	1 🗆	YES 2 XNO	Specify:			Specify: White	
15. DEC	EDENT'S EDU	CATION	18-	a. DECEDENT'S	USUAL OCCU	PATION	-	16b. KIND OF BUS	SINESS/IN		
(Specify onli Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 5	ь)	(Give kind of life. Do NOT u	work done duri se retired.)	g most of working					
5		_		Nurses	s Aide			Nursi	na H	ome	
17. FATHER'S NAME (First, M	fiddle, Last)					18. MOTHER	'S NAME	(First, Middle, Maiden			
Brady Ma	jor F	ank Catr	on			Ma	ry J	Jane Benn	ett		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	reet and Number or	Rural Rou	ite Number, City or Town	n, State, Zi	ip Code)	
James B. Re	eves			12215	Braxf	ield Cou	rt,	#5, Rock	vill	e, MD 20852	
20a. METHOD OF DISPOSIT 1XX Burial 2 ☐ Crematic	on 3 🗌 Rem	oval from State	cemeter	ACE AND DATE	ther placel				CATION -	City or Town, State	
4 Donation 5 Other			Parl	klawn N	lemori	al Park	3/3/	93 Roc	kvil.	le, Maryland	
21. SIGNATURE OF FUNERA	L SERVICE LK	CENSEE			HOM	Rockvi	OF FACIL	The 3	A.]	Pumphrey Funeral Montgomery Ave	
Much	elo, C	y Kil	110	M0034	18 Rec	ville,	Mary	land 208	350 -:	2805	
23. PART I. Enter the d	Iseases, or	complications tha	t caused th	e death. Do	not enter the	mode of dying	, such a	na cardiac or respi	ratory as		
IMMEDIATE CAUSE (Fir		List only one cau	se on each	line.	/	1	1	0		Interval Between Onset and Death	
disease or condition resulting in death)	→	. Conc	stiv	7 6	ca.	10 1	ai	luco		12 month	
,		DUE TO	OR AS A CO	INSEQUENCE O	97	10	/	1	/		
Sequentially list condit	lons	· alle	in	900	erou	CC 4	ne	and a	14	en	
If any, leading to imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A CO	NSEQUENCE O	1					1	
CAUSE (Disease or Inju		c. OU/O	OR AS A CO	NSEQUENCE D	en	one	>				
that initiated events resulting in death) LAS	т -	002.10	(011 25 2 00	MOEGUENCE U	r).					i	
		d									
PART II. Other significa	nt condition	e contributing to	death but r	not resulting	in the unde	fying cause give	en in Pa	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO	
								_ 1 _ YES 2		COMPLETION OF CAUSE OF DEATH?	
, <u> </u>								_		1 TYES 2 NO	
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	6. PLACE OF DEAT	'H (Check	only one)			
1 TYES 2 NO		1 Inpetient 2			4 - Nursing	Home 5 - Resid	ence 6	Other (Specify)			
	Pending	28a. DATE OF (Month, D		26b. TIN	JURY	: INJURY AT WORK? YES 2 N	- 1-	8d. DEŞCRIBE HOW II	NJURY OC	CCURED	
3 Cudoldo	Could not be	28a, PLACE O	F INJURY —	At home, farm,			_		and Numbe	or or Rural Route Number,	
	Could not ba datarmined	building,	etc. (Specify)	1.00				City or Town, State)			
								the cause(s) and mar			
2 L MED	September 1997	-0-1	xamination an	d/or Investigation	on, In my opini	on, death occured	at the tim	ne, data and place, an	d due to t	he cause(s) and manner as stated.	
290. SIGNATURE AND STYLE	OF CENTRIES	1/1	2			29c. LICENS	E NUMBE	ER .	29d. DA	TE SIGNED (Month, Ony, Year)	
11/100	n	110	mŋ	<u></u>		201	120)		March 93	
10 NAME AND ADDRESS OF	F PERSON WH	DO THE MAY	SE OF DEATH	(ITEM 37) (Type	Print)	in pr	7 10	HERMIN	111	0 20902	
31. DATE FILED (Month, Day,	Year)	32. REGISTRA	RIS SIGNATU	RES TO	0110	4/04/	W	11011101	MI	0010-	
MAD O	100		Davidson	Bharles	0						
MAIN UT	93	gina	nuntager	malana							



	Pa	a d		ne
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner
1	fter	the	POVAII.	18
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	lin 2	el.	II I	= '
	J with	mple	THE MET WITH 12 HOURS After Death With the State Dept. Of Death and Mental hygiene prof. to burial, cremation, of removal.	Ven
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	OSP	UNE		Ξ
	工业	世	8	DRIT
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				-

		JOAN S. HAROLD	
		4. SOCIAL SECURITY NUMBER	5. S
77		232-48-1684	1 🗆
of the same	8	9a. FACILITY NAME (If not institution, give s	
	E	SUBURBAN HOS	SPit
	<u>[</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	y
2	FUNERAL DIRECTOR	MARGINAND MON	1/3
permit	ابا	10e. STREET AND NUMBER	
	RA	11916 CLARIDGE	PA
020 physician. burial-transit	N N	11. MARITAL STATUS	12. V
020 physi buria	H	1 Never Married 2 Married	F
ding ding	ВУ	3 Widowed 4 Divorced	
1215 r attend use as		15. DECEDENT'S EDUC (Specify only highest grade	
21 21 or 10 10 u	Ψ.	Elementary/Secondary (0-12)	Coll
Spit ched	MP	12	
A the house	TO BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)	
d by d by	띮	Earl Sharpes	
TAF staine shou	0	19a. INFORMANT'S NAME (Type/Print)	
De se se se se se se se se se se se se se	-	Robert S. Harold	
may or, pa	l i	20s. METHOD OF DISPOSITION 1 □ Burisl 2 N Cremation 3 □ Rem	oval fr
MC age 6 direct		4 Donation 5 Other (Specify)	
T. P. P. P. P. P. P. P. P. P. P. P. P. P.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE
BALTIMORE, MARYLAND 21215-0020 the death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the buriatival.		Karry J	to
RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 v requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transfer or the hospital hygiene prior to burial, cremation, or removal. shows any injury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the diseases, or o	
hour led in		shock, or heart failure. IMMEDIATE CAUSE (Final	LIST O
in 24 filesy file artion		disesse or condition resulting in death)	
60, with		resulting in death)	·
S87 cuted d cor unfal,	z		b.
X 6 exe exe an an an an an an an an an an an an an	윤	Sequentially list conditions, if any, leading to immediate	
BO ate b	3	CAUSE (Disease or injury	c
ortho	별	that initiated events resulting in death) LAST	
P. ath cath the sal Hy	#	resulting in deadily EAST	d
RECORDS, P.O. BOX 68760, requires that the death certificate be executed with year signed by the attending physician and complete, of Health and Mental Hygiene prior to burfal, cremshows any Injury, or other traumatic event	N: MEDICAL CERTIFICATION	PART II. Other significant condition	s con
ORC that the that the deby thand and link link link link	<u>8</u>		
signe Health			
R requestration of state	≥		
1 2 0 0 0	AN	25. WAS CASE REFERRED TO MEDICAL	_
ISION OF VITA ITENDING PHYSICIAN: The XTOR: After this certificate hater death with the State is the marked, or item	SIC	EXAMINER? 1 Tes 2 To No	HO:
SICIA certil	H	27. MANNER OF DEATH	T
PHY this with	7	1 Netural 5 Pending	
OPING DING After death	8	2 Accident Investigation 3 Suicide a Could get be	-
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has hours after death with the State Dep Item 28 is marked, or Item 23	ETED BY PHYSICIA	4 Homicide 8 Could not be	
OR A DIREC DIREC Hours		29a. CERTIFIER	OLA :: :
	4	(Check only 1 CERTIFYING PHYSI	CIAN:

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF			GIENE G. NO.	
10	1. DECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF DE	NTH .	3. TIME OF DEATH
	JOAN S. HAROLD					0 B	R1 9	3 Ola7 M
	4. SOCIAL SECURITY NUMBER 332-48-1084	5. SEX 6. AGE (In yrs. leat birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,)	bar)	6. BIRTHPLACE (State or Foreign Country) Pennsylvania
. 3	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN	OR LOCATION OF D			TY OF DEATH
OR		FITTE		BETHESK	A		mon	BOMERY.
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOCA	- //			Last Maior area
DIRECTOR	MARGIAND MONT	COMERY	100.01		ver Spri	ng		10d. IŇSIDE CITY LIMITS? 1 YES 2 K NO
FUNERAL	10e. STREET AND NUMBER	1		-10	f. ZIP CODE			EN OF WHAT COUNTRY?
Ä	11916 CLARIDGE	COAD.			20908		113	A*
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 XNO	13. WAS DE	CENDENT OF HISPA meetry Cyclen, Mexic	NIC ORIGIN? (Spec an, Puerto Rican, e	ify Yes or No—	 RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	3 2 NO Speci	fy:		Specify:
G	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPAT	ON	16b, KIND	OF BUSINESS/INDU	
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT us	work done during m se retired.)	ost of working			
필	12		Comptro	oller		Mana	gement (Company
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, I	faiden Surname)	
BE	Earl Sharpes				Virg.	inia Ham	ilton	
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural			Code)
F	Robert S. Harold		11916	Claridg	e Rd., S.	ilver Sp	ring, MI	20902
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo		PLACE AND DATE	OF DISPOSITION (A	ame of 3/1/9	3 OATE 2	Oc. LOCATION — C	Ity or Town, State
	4 Donation 5 Other (Specify)	M	ontgomer	y Crema	torium,	Inc. B	ethesda,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		Rober	A. Pum	chrey Fu	neral Ho	ome/Rockville,
	Karry J	ourse	M001	98 Rock	West Mon Ville, Ma	tgomery aryland	Avenue 20850-28	Inc.
	23. PART I. Enter the diseeses, or conshock, or heart failure. L	omplications that cause	the death. Do	not enter the m	ode of dying, suc	ch as cardiac or	respiratory arre	st, Approximate
	IMMEDIATE CAUSE (Final	The state of the s			c. 1			Interval Between Onset and Death
	disesse or condition resulting in death)	MVLT	1 0169	BN 1	PILLA	le		13w1cs
	in the control of the	DUE TO (OR AS A	CONSEQUENCE	F):				7.45
NO N	Sequentially list conditions,) Y	CONSEQUENCE O	Di.				SWKS
AT	if sny, leading to immediate cause. Enter UNDERLYING	61 1	RACT	in Fal	chow			Ima
임	CAUSE (Disease or injury that initiated events	DUE TO (00 46 4	COMPEDITION OF	n				1000
CERTIFICATION	resulting in death) LAST	Mese	NT4 RI	1 15	cHem	IA		1)yr
	DADT II Other elevitions and discus-							
NA.	PART II. Other significant conditions	contributing to death b	ut not resulting	in the underlyin	g cause given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 🗆 '	ES 2 K NO	COMPLETION OF CAUSE OF DEATH?
Σ						_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			40.5				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (CI			
ž I	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIM		JURY AT		HOW INJURY OCCI	IDED
	1 Natural 5 Pending	(Month, Day, Year)		URY W	YES 2 NO	Zou. OLJOINDL	now insort occi	THEO
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, farm,			28f. LOCATION (Street and Number of	or Rural Route Number,
E	4 Homicide 8 Could not be determined	building, etc. (Spec	elfy)			City or Town,	State)	,
٦	29a. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best of my know	ledge death occurs	ad at the time dat	and place, and du	to the severtel or		4
COMPLET								cause(a) and manner as stated.
ŏ	595. BIGHATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			Service Committee
4	Janna.	1/2la	- 0		D39064		≥ 90. DATE	SIGNED (Month, Day, Year) 7 K+ B 9 3
4	36. NAME AND ADDRESS OF PERSON WHO				010000000000000000000000000000000000000		1 6	111010
	U James M. Salar	nder M.D.	11119 Ro	ckville	Pike, Ro	ckville	, MD 20	852
	MAR 04 "93	Julia Davidson	Adapte BL					



BALLIMOHE, MARYLAND	ours after death. Page 6 may be retained by the hosp	med in by the funeral director, page 5 should be detached, or removal,	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached free within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIEN	E 9:	3 07116
	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DEATH	REG. NO		3. TIME OF DEATH
	DOROTHY !	MADEL	WE	HYPES	3 - 7	-93	1000
	4. SOCIAL SECURITY NUMBER 219-07-2346	5. SEX 8. AGE (1		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	ITHPLACE (State or Foreign intry)
œ	9a. FACILITY NAME (If not institution, give str	LANF	AOTIL 96	CITY, TOWN OR LOCATION OF	A	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	ILANE	MP) HP	WESIP	MUSTER	C 141	TAOLL
IRE	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	Maryland Car:	roll		Westminster 101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	19 Washington			2115'			S.A.
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mex 1 YES 2 A.NO Spe	can, Puerto Rican, etc.)	BI	ACE — American Indien, ack, White, etc. secity:
ED E	15. OECEOENT'S EDUC	ATION	18a. OECEDENT'S USL	JAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY	White
Ē	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of working lired.)	2		
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	Ц	Teacher	18. MOTHER'S	Publ NAME (First, Middle, Maiden	ic School	51
BE C	John Herring	Brown			le Leister		
TO B	19e. INFORMANT'S NAME (Type/Print)			DRESS (Street end Number or Run	See and the second		
	Arthur Hypes	200		on (Name of cometery, crematory		ster, MD.	
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 8 Other (Specify)	wel from State	Office Discol	Leister Ch. Co			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Shell		22. NAME AND ADDRESS OF Eckhardt Fun	FACILITY		
	of Sarth E	shado		3296 Charmil		ster. M	21102
	23. PART I. Enter the dieeeses, or conshock, or heart feilure. L			enter the mode of dying, e	uch se cardiec or reep	Iratory erreet,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	AC VTE	CONSEQUENCE OF:	CANDIAW	TNFA	PAM	Onset and Death
_		ANTEOIN	CONSEQUENCE OF):	W CANDIN	MACE IND	0 1715	ELSE 10YE
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):	CHI-110	VIFSCULFI	LIP	20121-12
FICA	couse. Enter UNDERLYING CAUSE (Discose or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF:				
	resulting in death) LAST	L.					
	PART II. Other significent conditions	e contributing to deeth b	ut not resulting in t	he underlying cause given	In Part I. 24s, WAS AF	AUTOPSY 2	24b. WERE AUTOPSY FINDINGS
MEDICAL					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC							1 NES 2 NO
AN	25. WAS CASE DEFERRED TO MEDICAL	-		26. PLACE OF OEATH	Check only one)		
PHYSICIAN:	EXAMINENTY	HOSPITAL:		THER: Nursing Home 5 Residence			
	27. MANNER OF DEATH 1 Netural 8 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DEŞCRIBE HOW	INJURY OCCURED	
red BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre	rt, fectory, office	281. LOCATION (Street City or Town, State	and Number or Rur)	al Route Number,
PLE	29e. CERTIFIER (Check only	CIAN: To the best of my know	fedge, death occurred a	t the time, date end place, and c	lue to the cause(e) end ma	nner as stated.	
COMPLET	000)			n my opinion, death occured at t			e(e) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CENTIFIED	DIA DOMA.	MID	29c LICENSE	LC97	29d. DATE SIGN	(Month, Day, Year)
2	20 NAME AND ADDRESS OF DEBSON WHO	VIIII	1-1)/	(/ / / / /	T//	5	5-75

Day. Year),93

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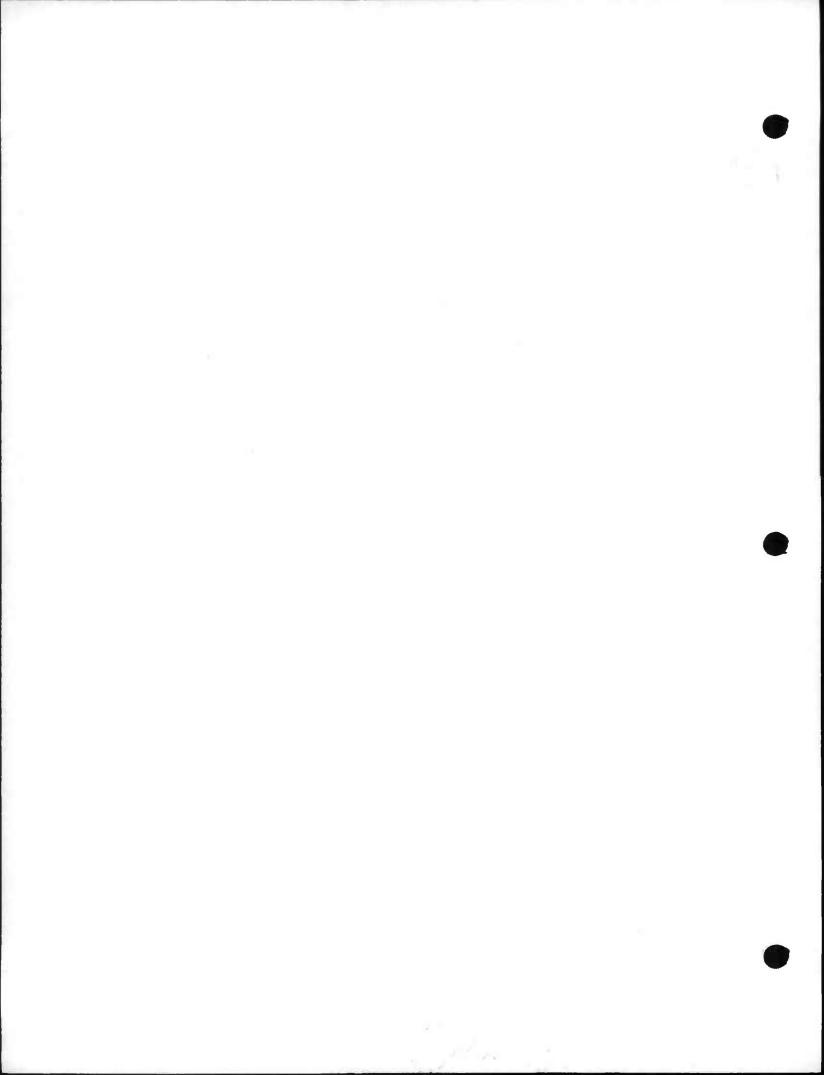
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last) $DELORES$			HALL	-			YEAR 3. TIME OF DEATH A
	The section of the Committee of the Comm		n yrs. last birthday) 43 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	49	B. BIRTHPLACE (State or Foreign Country) Maryland
~	9a. FACILITY NAME (If not institution, give street	and number)		96. CITY, TOWN C	OR LOCATION OF T		9c COUNT	TY OF DEATH.
DIRECTOR	RESIDENCE OF DECEDENT	CANDITOSP	ITAL	ULIN	iton,	ma.	TRIA	REGEORGE
IRE	Maryland Prince	Georges		Y, TOWN OR LOCAT				10d, INSIDE CITY LIMITS?
	100. STREET AND NUMBER	Georges	Upp	er Marl	ZIP CODE	<u> </u>	10g. CITIZI	1 1 YES 2 □ NO EN OF WHAT COUNTRY?
FUNERAL	5209 Mount Airy La			2	20772			S.A.
B	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 2 NO	If yes, spe		ANIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	es or No—	44. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete the property (0-12) 11th grade		(Give kind of w ille. Do NOT use	usual occupation work done during more retired.)		16b. KIND OF B	USINESS/INDU	STRY
BE CON	17. Father's NAME (First, Middle, Lest) Frank Edward Hall J	Jr.				AME (First, Middle, Maide Vornetia I		n
10	190. INFORMANT'S NAME (Type/Print) Emily Hall		19b. MAILING 5209 M	ADDRESS (Street e	nd Number or Aurei Lane U	Poute Number, City or R pper Marlk	oro, M	ID 20772
	20e_METHOD OF DISPOSITION THE Burlet 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE O	FDISPOSITION (Na	me of 2/2	2/93 Lot	ocation – ci hian,	ty or Town, State Maryland
ī	21. SIGNATURE OF FUNERAL SERVICE LICENS		0	22. NAME AN	ID ADDRESS OF F	J.B. Jenk	ins Fu	meral Home
	Symberly (- /-		7474 I	₋andover	Rd. Lando	over, N	ID 20785
	23. PART I Entar the diseases, or comshock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE N SEPSIS	ich Ilne.	WIAL				Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DIABETI DUE TO (OR AS A END STAG	ES MI CONSEQUENCE OF	ELLIT H: VAL D	ISEASE	TYPE		O. YEARS YEARS
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	L VAC	-VE	REPLA	CEMEN	PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C	thank only one)		
rsic	EXAMINER?	OSPITAL: Inpatient 2 - ER/Outpe	itient 3 🗆 DOA	OTHER:		6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	286. TIME INJU	URY WO	URY AT RK? (ES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	PRED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	At home, farm, s	itreet, factory, office		281, LOCATION (Stree City or Town, State		r Rural Route Number,
COMPLETED		t: To the best of my knowle						f. cause(e) and manner as stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Pame	la Syr	hans.	D 16	IMBER 116	29d. DATE	SIGNED (Month, Day, Year) LFEBRUARY, 1993.
	30. NAME AND ADDRESS OF PERSON WHO CO 8926 WOODYARD	ROAD, #	+501,0	Print) CLINT	-ON, 1	ND a	07:	35
	FEB 2 2 1993	.32. REGISTRAR'S SIGNA	HUBERL			·		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



1 - STATE REGISTRAR				DEPAR					MENTAL HYGI REG. 1			
1. OECEDENT'S NAME (First, GERTRUDE		DOWE	ELL		HUG	HES			2. DATE OF OEATH	DAY 19	93	3. TIME OF OEATH 1:45 P M
4. SOCIAL SECURITY NUMB 213-38-174		5. SEX 1 M 2 (X) F	6. AGE (In yrs. les		IF UNDER	DAYS	#F UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year 01/22/19		8. BIRTH	PLACE (State or Foreign
90. FACILITY NAME (If not in:			86	YRS.	9b. CITY	, TOWN (OR LOCATI	ON OF DE			Sund	erland, MD
4605 HAF	RVARD	STREET							PARK			GEORGE
RESIDENCE OF DEC	10b. COUNT	Υ		10c. CITY	r, TOWN	OR LOCAT	TION					10d. INSIDE CITY
Maryland	Princ	ce George	S	Co1	1ege	Par						LIMITS? 1 X YES 2 NO
4605 Harvan	rd Roa	ad					20740				TIZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR	MED		WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify	Yee or No-	14. RACE	— American Indien,
1 Never Married 2 3 Widowed 4 Divor		IF YES, GIVE W					2 X NO				Speci	CITATION INC.
	EDENT'S EDU		16a, DE	CEDENT'S ive kind of w	USUAL O	CCUPATIO	ON ost of working	ng .	16b. KINO OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5+)		ache:				-	Educa	tion		
17. FATHER'S NAME (First, Mi	iddle, Last)		110	ache			18. MOTI	HER'S NA	ME (First, Middle, Mek			
Henry Dowe								_	lizabeth			
190. INFORMANT'S NAME (7) Clara Jean		es							Clarksvi			029
20a METHOD OF DISPOSITE	ON n 3 🗆 Rem	noval from State	20b. PLACE	AND DATE O	F DISPOS	SITION (Na	ime of		DATE 20c.	LOCATION -		
4 Donation 5 Other		CENSEE	Fort	Linco	oln	<u>Ceme</u>	tery		25/1993	Brent	wood	, Maryland
· Tack	le X	Lyn	end	0	F	ranc	is G	asch	's Sons le Avenue			
23. PAPI I. Enter the dis shock, or he	seases, or eert fellure.	complications that List only one ceus	ceused the de	eth. Do n	ot enter	the mo	de of dyl	ng, aucl	h ea cerdiac or re	spiretory a	rrest,	Approximate Interval Between
iMMEDIATE CAUSE (Fin disease or condition resulting in death)	el	. ARTERIO	OSCUBP OR AS A CONSEC			ARU	NOV	1221	ILAR ((SEA)	35	Onset and Death
Sequentially list condition if any, leading to immedicause. Enter UNDERLY!	liste	b	OR AS A CONSEC	DUENCE OF):							
CAUSE (Disease or injurthat initiated events resulting in death) LAST	ny 🚺	c. DUE TO (OR AS A CONSEC	DUENCE OF):		·					
PART II. Other aignificer	nt condition	na contributing to	leeth but not r	esulting in	n the ur	nderlylng	g ceuse g	lven in		AN AUTOPSY	246.	WERE AUTOPSY FINDINGS
										ORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								_	- 1			1 X YE\$ 2 □ NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						ACE OF D	EATH (Che	ock only one)			
1 🔀 YES 2 🗆 NO		HOSPITAL:				sing Hom		sidence	6 Other (Specify)			
	Pending	28a. OATE OF I (Month, Da		26b. TIME INJU	OF JRY M		URY AT RK? YES 2	NO I	28d. DEŞCRIBE HO	W INJURY OC	CURED	
3 Suicide 6 C	restigation Could not be letermined	28e. PLACE OF building, e	INJURY Al hote. (Specify)	me, ferm, s	treet, fect				28f. LOCATION (Stree City or Town, Sta		or Rural R	oute Number,
(Check only one) 2 MEDIC	FYING PHYS	ICIAN: To the beat of r	ny knowledge, de mination end/or i	ath occurre	dat the t	lme, date	end place,	end dua	to the cause(a) and a	nenner as sta	ited. he cause(e)	end menner as stated,
250. SIGNATURE AND TITLE	Bul	h pr						OCM		29d. DAT	E SIGNED	(Month, Day, Ybar) 3 1993
MARIOT	GOL	O COMPLETED CAUSE				tre	et,	Bal	timore,	Mary	land	d 21201
31. DATE FILED (Month, Day,)	(bar)	32. REGISTRAR										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1 miled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		1. DECEDENT'S HAME (First, A	Middle, Last)	TTA	TTEST						MONT	OF DEATH	AY	YEAR 3	. TIME OF DEAT	
		Thomas 4. SOCIAL SECURITY NUMBE	_	5. SEX	LLEY	yrs. last birthday		4 9848			_	eb 23,			3:47	
		577-10-8229		1 🔛 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	of BIRTH th, Day, Year) 31 19		Country)	yland	oreign
	~	9a. FACILITY NAME (If not inst					9b. CITY	, TOWN C	R LOCAT	ON OF DE	EATH		9c. COUN	TY OF DEA	тн	
2	CTO	Doctors Co	mmuni EDENT	ty HOspi	tal		Lanham, MD						P.G.			
t. Pages	DIRECTOR	Maryland	106. COUNTY Prin	nce Georg	ges	10c. C	TY, TOWN (Lanh		ION						Od. INSIDE CITY LIMITS?	
st permi	FUNERAL	100. STREET AND NUMBER 6315 Prince	ess G	arden Par	Parkway 20706						10g. CITIZEN OF W				AT COUNTRY?	
-UUCU ing physician. the burial-transit permit. Pages	BY FUN	11. MARITAL STATUS 1 Never Married 2 N 3 Widowed 4 Divorce	larried	12. WAS DECEDER FORCES? IF YES, GIVE	NT EVER IH I	2 NO		If yes, sp	ENDENT	OF HISPAN	n, Puerto	N7 (Specify Yes Rican, etc.)		14. RACE - Black, Specify:	- American India White, etc.	lan,
al or attend for use as	LETED	15. DECE (Specify only in Elementary/Secondary (0-1		CATION completed) College (1-4 or 5		16a. DECEDENT' (Give kind o ille. Do NOT Realto	work done use retired.)	during mo	ON st of worki	ng		alley		JSTRY		
1 2 2 E	BE COMPLET	17. FATHER'S HAME (First, Midd Clarence Ha.								HER'S HA	ME (First,	Middle, Maiden		1000		
be retained ge 5 should re notified	70	Rose Follia		lley								anham,			20706	6
e 6 may rector. pa	ŀ	20a. METHOD OF DISPOSITIO 1 St Burlel 2 Gremation 4 Donation 5 Other (S	3 🗆 Reme	oval from State	gemet	PLACE AND DATE dery, cremetory or TT Linc	other place)			2-	27-9		entwoc		aryland	đ
ath.		21. SIGNATURE OF FUHERAL	und	Ken	ud .		90	endo 13 A	n/Ha nnap	olis	anha Roa	m Fune	ham,	Mary	land 20	0706
executed within 24 hours after de and completely filled in by the fi o burial, cremation, or removal.		23. PART . Enter the dis- shock, or has IMMEDIATE CAUSE (Fine disease or condition resulting in death)	art failure.	List only one car	use on aac	the death. Do				,				est,	Approxim Interval B Onset and	etween
eath certificate be executed attending physician and commal Hygiene prior to burial, y, or other traumatic ev.	RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST														
ires that the death signed by the atte feath and Mental ws any Injury, or	MEDICAL CE	PART II. Other significent	t condition	s contributing to	deeth but	t not resulting	in the ur	ideriying) ceuse	given in	Part i.	24s. WAS AN PERFOR 1 TYES 2	MED?	0	/ERE AUTOPSY FI MAILABLE PRIOR OMPLETION OF (OF DEATH? YES 2 1	CAUSE
law Dept.	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF E	EATH (Ch	eck only o	ne)				
rtificat he Sta	YSK	1 YES 2 XX		HOSPITAL:	ER/Outpat	lent 3 🗆 DOA	OTHE		• 5 □ R	esidence	8 🗆 Oth	er (Specify)				
with the ce	ВУ РНУ	27. MAHHEB OF DEATH 1 Netural 5 Per 2 Accident	ending vestigation	28e. DATE OF (Month, E		28b. Ti	ME OF IJURY M		URY AT RK? 'ES 2 [] NO	28d. DE	SCRIBE HOW II	HJURY OCC	URED		
TTENDI TTOR: A after d	ETED E	3 Suicide 6 C	ould not be itermined	28e, PLACE C building,	OF IHJURY - , atc. (Specify	At home, ferm	street, fac	ory, office			281. LOC City	CATION (Street & or Town, State)	and Number	or Runal Rou	te Number,	
TAL OR A VAL DIREC 72 hours	ᆲ			CIAH: To the best of												
HOSPITAL FUNERAL WITHIN 72	COM	2 MEDIC		R: On the basie of e	examination	end/or investigat	ion, in my d	pinion, d	eath occu	red at the	Ilme, date	and place, en	d due to the	cense(e) s	nd menner ee s	stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	O BE	296. SIGNATURE AND TITLE O	m	Goldn				_	DC LIC	ENSE HUN	14		-	SIGNED (A	forth, Day, Year)	
(10)	-	30. HAME AND ADDRESS OF F	PERSON WH	O COMPLETED CAU		H (ITEM 27) (1)/F	e, Print)	4	1+ 1	~	C.	On h	. 11	Mo.	1077/	2

DIVISION OF VITAL RECORDS DO BOY 68750

TOTAL MARKENSON TO HANGE AND THE WAR TO SERVEN IN BANGE

BALTIMORE, MARYLAND	Nurs after death. Page 6 may be retained by the host	in by the funeral director, page 5 should be detacher removal.	redical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF N	MARYLAND /	DEPAR	TMEN	IT OF I	HEALTH	AND	MENTA	L HYGIEN	93	3 0	7120
	REGISTRAR						DEAT			REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			, 1 .					2. DAT	OF DEATH			3. TIME OF DEATH.
	JEANN	E -	H I	LL					MON	PH 9	A5 (J#2	250
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:		er 1949	ER I YEAR				<u> </u>	×	70	a o
					MONTHS		HOURS	MIN.		th, Day, Year)		6. BIRTH Country	PLACE (State or Foreign
	142-10-4817	1 🗆 M 2 🂢 F	98	YRS.	11127				09	26 18	394	Fra	nce
	9a. FACILITY NAME (If not institution, give si	reet and number)					OR LOCATIO		EATH		9c. COU	NTY OF D	
5	William Hill	H.C.C.			C	amb	ridg	e			Do	rche	ster
DIRECTOR	RESIDENCE OF DECEDENT			_				_					
Ĭ I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
뜻	Maryland Do	rcheste	r	C	amb	rid	qe						LIMITS?
	10e. STREET AND NUMBER												1 XYES 2 NO
₹						10	H. ZIP CODE	_			10g. CIT		HAT COUNTRY?
FUNERAL	525 Glenbur	n Ave.					21	613			i	U.S	.A.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13	. WAS DE	CENDENT O	F HISPAI	NIC ORIGI	N? (Specify Yes	or No-	14 BACE	- American Indian
	1 Never Married 2 Married		☐ YES 2 🔯	NO		If yes, sp	pecify Cuba	n, Mexica	in, Puarto	Rican, etc.)	0. 110		— American Indian, White, atc.
₽	3 1 1 Divorced	IF YES, GIVE W	AR OR DATES			1 U YES	z Z∑VNO	Specify	y:			Specif	y white
	15. DECEDENT'S EDUC	CATION	40.00										
2	(Specify only highest grade	completed)	16a. De	CEDENT'S	work done	during m	ON ost of workin	g	16	b. KIND OF BU	SINESS/IND	USTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5	•)										
₹	12		5	eams	tre	SS							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maiden	Sumame)		
	Geor	ge LaL	eure							stine		deau	
BE	19a. INFORMANT'S NAME (Type/Print)												
2	Cecilia Hill		19	2 0 2 7	ADDRES	SS (Street	and Number	or Rural i	Route Nun	ber, City or Tow East	n, State, Zic	Code)	21601
				2937	9 11	awk	S HI.	т Т :	Ra.	Last	on I	1a.	21601
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 1 Remo	und from Other	20b. PLACE	ANDDATE	OF DISPO	SITION (N	ame of		DAT	E 20c. LO	CATION -	City or Tox	en, Stata
	4 Donation 5 Other (Specify)	Well from State	cametery cre	Hil	ther place	eme	terv		1		ack		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ND ADDRES	SE OF EA	CRITY	111	C C I L	14 4 7	•
1	K -	01.	0				no Abbile	20 01 17	OIL I	Thoma	s Fi	uner	al Home
l	1 bruth	R The	the core		7	00 1	[.ocile	e+ (5+				. 21613
	23. PART I. Enter the diseeses, or c	omplications the	coused the de	eth. Do r	ot ente	r the mo	de of dul	na euc	b se cer	dies or reeni	retenuer	FIG	Approximete
	shock, or heart fellure. I	Liet only one ceu	se on each line				oue or ay	ing, auc	or and Cer	diec of respi	natory art	est,	interval Between
	IMMEDIATE CAUSE (Final disease or condition	. 1											Onset and Death
1	resulting in deeth)	. UR	vseps	1.5									1 Udays
		DUE TO	(OR AS A CONSE	OUENCE OF	F):,	ı							1,000
z	La	(10	INGRY	Re	ts.	15ti	017						7.001
ō	Sequentially list conditions,	DUE TO	OR AS A CONSE			V/1	0,0						370
A	if any, leading to immediate cause. Enter UNDERLYING	C	12:10	de	000	15-							100 -
유	CAUSE (Disease or Injury		NITE	CC	1116/	VUI	4						10yer
FI	that initiated events resulting in deeth) LAST	DOE 10	(OR AS A CONSE	DUENCE OF	7):								1
CERTIFICATION	The state of the s	l,											
	PART ii Other significent condition		do set to a										
3	PART ii. Other significant conditions	contributing to	deeth out not r	eaulting i	in the U	nderlyin	g ceuse g	iven in	Part I.	24a, WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	U TPI Q	1 716	21/19/1	UN						1 TYES 2			COMPLETION OF CAUSE
<u>H</u>	Aveni	á .									30,110	- 1	OF DEATH?
2	FIVE	<u> </u>							_				1 TES 2 NO
PHYSICIAN: MEDICAL													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF DE	EATH (Che	ock only o	10)			
छ ॥	1 □ YES 2 ☑ NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE		10 5 🗆 Res	sidence	6 🗆 Othe	or (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. IN.	JURY AT	T		SCRIBE HOW II	NJURY OCC	URED	
-	1 Netural 5 Pending	(Month, Da	ry, Year)	INJ	URY		YES 2	NO I					
B	2 Accident Investigation	28a PLACE OF	E IN HIEV ALL										
	3 Suicide 8 Could not be 4 Homicide detarmined	building,	F INJURY — At ho atc. (Specify)	me, tërm, s	rreet, fac	mory, offic		1	28f. LOC City	ATION (Street a or Town, State)	ind Number	or Rural Ro	oute Number,
E 1	- Valentineu												
7	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occurre	d at the	time, date	and place	and due	to the co	sade) and man	ner se et-t	ad	
COMPLETED	one) 2 MEDICAL EXAMINER												Large Language Control of Control
8			Triming of I	vaniyati0	o, in my	opinion, 0	-an occur	OFFE JIE LINE	ume, date	and place, an	u due to th	o cause(a)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	.)					29c. LICE	NSE NUM	BER				'Month, Day, Year)
	Kosema M	Hanin	mi	0			1-	437	7117		3	12/	93
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	5.05.05.1711.075					13	/ / /			, -/	()

ADDRESS OF ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

() SCM GY

(Month, Day, Year)

32. REGISTRAN'S SIGNAFURE

Julia Dayldson-Rendelle

Julia Dayldson-Rendelle

'93

Cullins



31. DATE FILED (Month, Day, Year)

4 2 - 1

FOR

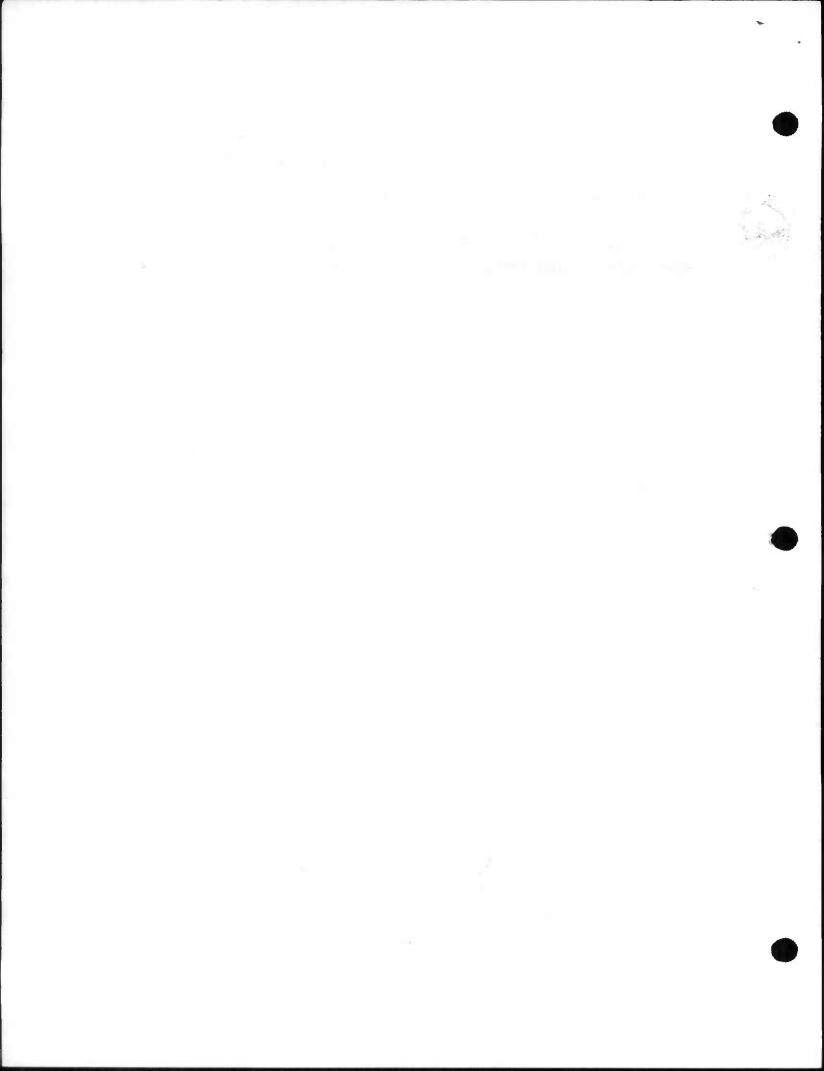
BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	OF MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		ERTIFICATE	OI	F DEAT	TH		REG. NO.

1 - STATE REGISTRAR		CERTI	FICATE	OF DEATH		REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)												
Celina Rochello	e HURLEY				WON I			93	1403	PM		
4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday			7. DATE	OF BIRTH		6. BIRTH Countr	IPLACE (State or For	віgn		
infant	1 🗆 M 2 💢 F	YRS.	MONTHS D	AYS HOURS MIN.	2/	16/93		Count	" MD			
9e. FACILITY NAME (If not institution, give		9c. COUNTY OF DEATH										
Franklin Square	nklin Square Hospital Center Baltimore Baltimor											
MD 106. COUNT B	Baltimore 10c. city, town or Location 10d. 10											
100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZEN OF WHAT 100. STREET AND NUMBER 100. CITIZEN OF WHAT 21237 U.S.A												
11. MARITAL STATUS UNever Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	If yo	DECENDENT OF HISPA is, specify Cuben, Mexic YES 2 X NO Speci	an, Puerto		or No-	Black	E — Americen Indie k, White, atc. //y: 1110	n,		
15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	(Give kind	'S USUAL OCCU	IPATION ng most of working	16b	. KIND OF BU	SINESS/IND					
Elementary/Secondary (0-12) infant	College (1-4 or 5+) infant	infan	use retired.)			infa	ant					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,	Middle, Malden	Surname)					
Charles Francis	Hurley III					Schla						
19e. INFORMANT'S NAME (Type/Print)				treet and Number or Rural								
Charles F. Hurle	y, 111			th Place,				1017				
1 Buriel 2 Cremation 3 Rer 4 Donetion 5 Other (Specify)	noval from State	Salisbury	7 Crema	of cemetery, crematory or tory			isbu1					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Zeller Funeral Home, 106 Main Street												
23. PART i. Enter the diseases, or				O. Box 207					MD 2163			
shock, or haart failure iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Pulmona	n each line. ry hypopl AS A CONSEQUENCE		_					interval Ba Onset and			
Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b DUE TO (OR	AS A CONSEQUENCE	OF):									
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):									
PART ii. Other aignificant condition	na contributing to daa	th but not resultin	g in tha unda	rlying cause given in	n Part i.	24a. WAS AN		248	. WERE AUTOPSY FI			
						PERFOI 1 TYES			AVAILABLE PRIOR COMPLETION OF COF OEATH?	AUSE		
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	check only o	ne)						
EXAMINER? 1 ☐ YES 2 ☆ NO	HOSPITAL:	Outpatient 3 🗆 DO/	OTHER:									
27. MANNER OF DEATH 1 🔀 Natural 5 🗍 Pending	28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?											
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home, farm street, factory office. 28s LOCATION (Street and Number or Rural Route Num											
CONSULT ONLY	SICIAN: To the best of my I								e) end menner ee si	tated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Vost) D 42821 D 110/53												
30. NAME AND ADDRESS OF PERSON W MElinda Elliott,				e Drive Ba	1time	ore. M	D 212	237				
31. DATE FILED (Month, Day, Year)				- DILVE Da	_ C IIII	, 11						
MAR - 4'93	grelia Davi	SIGNATURE Work—Randall	6									



1	-	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERT	IFIC	ATE O	F DEAT	Ή		REG. NO).						
1. DECEDENT'S NAME (First,	Middle, Last)	y .							2. DATE	OF DEATH	AY	VEAR	3. TIM	E OF DEAT	гн		
Sabrina Rheann HURLEY									MONT		6	93 15			м		
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. last birth	day) IF	UNDER 1 YEAR	A IF UNDER	24 HRS.	7. DATE	OF BIRTH				(State or Fo	oreign		
infant									2/1	6/93		Country) MD					
9a. FACILITY NAME (If not inst	N OR LOCATIO	ON OF DE	ATH		JNTY OF D	TY OF DEATH											
Franklin S	more				Ва	1tim	ore										
10a. STATE MD	10b. COUNT			10c	own or Loc imore						10d. INSIDE CITY LIMITS? 1 YES 2X						
10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT												WHAT C	OUNTRY?				
9000 Franklin Square Drive 21237 U.S.A																	
11. MARITAL STATUS 1 **Dever Married 2 N 3 Widowed 4 Divor	U.S. ARMED 2(X)NO ATES		13. WAS D	ECENDENT OF Specify Cubar	n, Maxicar	n, Puarto											
15. DECE	OENT'S EO	UCATION		16a. DECEDE	NT'S US	UAL OCCUPA	TION		168	, KIND OF BU	SINESS/IN	DUSTRY					
(Specify only Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do N	OT use re	done during stired.)	most of working	g									
infant		infant		ini	Eant					infa	ınt						
17. FATHER'S NAME (First, Mic	Idle, Last)						18. MOTH	IER'S NAI	ME (First,	Middle, Maider							
Charles F	ranci	s Hurley	TTT				Suar	n Ma	a r w	Schlaf	fer						
19a. INFORMANT'S NAME (To		Bulley		19b. MAI	LING AD	DRESS (Street	et and Number					(in Code)					
Charles F. H	lurley	, III					h Pla					21017	,				
20a. METHOD OF DISPOSITION 1 Burial 2X Premation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of Salisbury Cremat								20c. LOCATION — City or Town, State Salisbury, MD									
21. SIGNATURE OF FINERAL	SERVICE L	ICENSH 3	le	er		Zell	Ler Fu	nera	1 Hc						31		
23. PART I. Enter the die shock, or he IMMEDIATE CAUSE (Find dieeese or condition resulting in death)	art fellure.	a. Pulm	onary	y hypo	plas		mode of dyi	ng, auch	h as car	diec or reep	oiratory e	rreat,	- 13	Approxim Interval B Onset an	Between		
Sequentially liet condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injurthet initiated evente resulting in death) LAST	lieta NG ry	C		CONSEQUEN													
PART ii. Other significan	conditio	ons contributing to	death b	eut not resuit	ting in	the undarly	ing cause g	givan in	Part i.	24a. WAS AI PERFO 1 TYES	RMED?	24	COMP DF DE	AUTOPSY F ABLE PRIOR LETION OF EATH?	R TO CAUSE		
									_								
25. WAS CASE REFERRED TO	MEDICAL					28	PLACE OF O	EATH (Che	eck only o	ne)			-				
EXAMINER?		HOSPITAL:	□ ER/Outp	patient 3 D		THER:	Iome 8 🗆 Re										
	Pending nvestigation		Day, Year)	288	, TIME C	Y	INJURY AT WORK?	NO	28d. DE	SCRIBE HOW	INJURY O	CCURED					
3 Suicide 6 0	Could not be	28a. PLACE	OF INJURY etc. (Spec	— At home, fi	erm, stre	et, fectory, o	ffice		28f. LO	CATION (Street or Town, State	and Numb	er or Rural	Route N	umber,			
one)		SICIAN: To the best of											(a) and a	nanner aa	stated.		
296. SIGNATURE AND TITLE PROPERTY OF THE PROPE	70	leioth					29c, LICE	HZ	82	1	29d. O/	ATE SIGNE	Month 19	n, Day, Year,	<i>)</i>		
30. NAME AND ADDRESS OF	PERSON W	HO COMPLETED CAL	SE OF OE	ATH (ITEM 27)	(Type, Pr	rint)		1.0						74			
Melinda Ell	iott,	M.D. 90	000 E	rankli	in S	quare	DRive	Bal	ltim	ore, M	ID 21	237					



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Pay, Year)

ARR - 4 93

72. REGISTRAR'S SIGNATURE TWA DAYMOON Handell

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE (OF MARYLAND / DEPARTMENT OF HEALTH AT CERTIFICATE OF DEATH
DECEDENT'S NAME (First, Middle, L	ast)	
	VIOLA	HUFFMAN
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24

DECEDENT'S NAME (First, Middle SOCIAL SECURITY NUMBER		7777777777								REG. NO					
4. SOCIAL SECURITY NUMBER		OLA HUFFMAN F							2. DA MOI FEB	TE OF DEATH	YEAR	3. TIME OF DEATH 6:30 A			
220-32-8769	5. SEX 1 - M 2 XX	M 2 XXF 81 YRS. MONTHS D						24 HRS. MIN.	7. DAT	TE OF BIRTH Onth, Day, Year)	1911	8. BIRTHI Country WEST	PLACE (State or Foreign VIRGINIA		
HARRISON HOUS	E OF SNOW	HILL						ON OF DE	EATH						
10a. STATE 10b.	COUNTY	10	Oc. CITY,							10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
PINE BLUFF	VILLAGE						ZEN OF W								
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	1 YES	2 NO)	1 7	f yes, spe	ENDERT OF HISPANIC ORIGIN? (Specify Yee or No						- American Indien, White, etc.		
	(Give k	and of wo NOT use	retired.)	during mos	N st of worldn	og .	1	66. KIND OF BU	SINESS/IND	DUSTRY					
UNKNOWN				1	UNKN	OWN									
HARRISON HOUSE RECORDS 430 W. MARKET STREET,										OW HILI	, MI	218			
1 💆 Buriel 2 🗆 Cremation 3 (4 🗆 Donetion 8 🗆 Other (Specif	V)	PLACE AND STATE OF THE STATE OF	DATE OF DOD	CEME	ETER	Y		1	/19 PRI	9 PRINCESS ANNE, MD					
ZELLER FUNERAL HOME, P. O. BOX 2											ARKET	207 2, MD 21631			
ehock, or heart fa IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. AS DUE	TO (OR AS A	CONSEQUEN	NCE OF):	:	the mod	e oi ayi	ng, auci	n as Ca	rulec or reep	iratory arre	pat,	Approximate Interval Between Onset and Death		
DIABETTE.	the und	derlying	cause g	liven in l	Part i.	PERFOR	RMED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
5. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:					:									
	28e. DATE (Month)	OF INJURY				28c. INJU WOR	RY AT				NJURY OCC	URED			
3 Suicide 6 Could r	ferm, str	eet, facto	ry, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
9e. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX	PHYSICIAN: To the best (AMINER: On the beele of	of my knowle	edge, death o	occurred digation,	at the tir	ne, date e	ind place, ath occurr	and due	to the c	euse(s) end mar te end place, en	nner as state	d. ceuse(a)	end manner se stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIG													ENEO (Month, Day, Year)		
O. NAME AND ADDRESS OF PERSO		NUSE OF DEA								ALL		0.	1119, 1793		
	HARRISON HOUS RESIDENCE OF DECEDE 10e. STATE MARYLAND 10e. STREET AND NUMBER PINE BLUFF 11. MARITAL STATUS 1 Never Married 2	PART I. Enter the diseases, or complications tendering in death) Due:	HARRISON HOUSE OF SNOW HILL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND 10c. STREET AND NUMBER PINE BLUFF VILLAGE 11. MARITAL STATUS 1	HARRISON HOUSE OF SNOW HILL RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND 100. STREET AND NUMBER PINE BLUFF VILLAGE 11. MARITAL STATUS 1	HARRISON HOUSE OF SNOW HILL RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. STREET AND NUMBER PINE BLUFF VILLAGE 11. MARITAL STATUS 1	HARRISON HOUSE OF SNOW HILL RESIDENCE OF DECEDENT 109. STATE 109. COUNTY 109. STATE 119. MARYLAND 110. STATE 119. MARYLAND 110. STATE 119. MARYLAND 110. STATE 119. MARYLAND 110. STATE 119. MARYLAND 110. STATE 119. MARYLAND 110. STATE 119. MARYLAND 110. STATE 119. MARYLAND 110. STATE 119. MARYLAND 110. STATE 119. MARYLAND 11	HARRISON HOUSE OF SNOW HILL RESIDENCE OF DECEDENT 106. STATE 106. COUNTY MARYLAND WI COMICO SALISB 107. STREET AND NUMBER PINE BLUFF VILLAGE 11. MARITAL STATUS 16. Never Married 2 Married 17. Never Married 2 Married 18. DECEDENT'S EDUCATION (Specify on) highwat grode completed) Elementary/Secondary (6-12) College (1-d or 5+) 18. DECEDENT'S USUAL OCCUPATIO (Silve kind of work drown during most own property) 19. MARKER 19	HARRISON HOUSE OF SNOW HILL RESIDENCE OF DECEDENT 106. STREET 106. COUNTY MARYLAND WICOMICO SALISBURY 107. ZECON PINE BLUFF VILLAGE 112. WAS DECEDENT 107. ZECON PINE BLUFF VILLAGE 113. WAS DECEDENT 107. ZECON PORCEST 1 VES 2 No. 114. WAS DECEDENT 107. ZECON 115. SECON 115. SECON 116. DECEDENT'S BULLAGE 117. FATHER'S NAME (First, Middle, Last) UNKNOWN 118. DECEDENT'S EDUCATION (Specify contributions grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) HOMEMAKER 119. MAILING ADDRESS (Street and Number Address of work flow during most of works flow of works and street and	HARRISON HOUSE OF SNOW HILL SRESIDENCE OF DECEDENT 106. STATE 106. COUNTY WICOMICO SALISBURY 106. STATE 106. COUNTY WICOMICO SALISBURY 106. STATE 107. SALISBURY 106. STATE 107. SALISBURY 106. STATUS 107. SALISBURY 107. SALISBURY 108. SALISBURY 108. SALISBURY 109. SAL	Secretary Name (if not similation, plus storet and number) Secretary Name (if not similation) Secretary Name (if not	THE SIDENCE OF DECEDENT THE SI	Section Sect	See, PARLITY MARKE (FOR INSURINGE, pile stores and municipal) HARRISON HOUSE OF SNOW HILL SNOW HI		

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) MAR

Neill Kennedy,

04 '93

30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

Item

marked, or the

28 is a

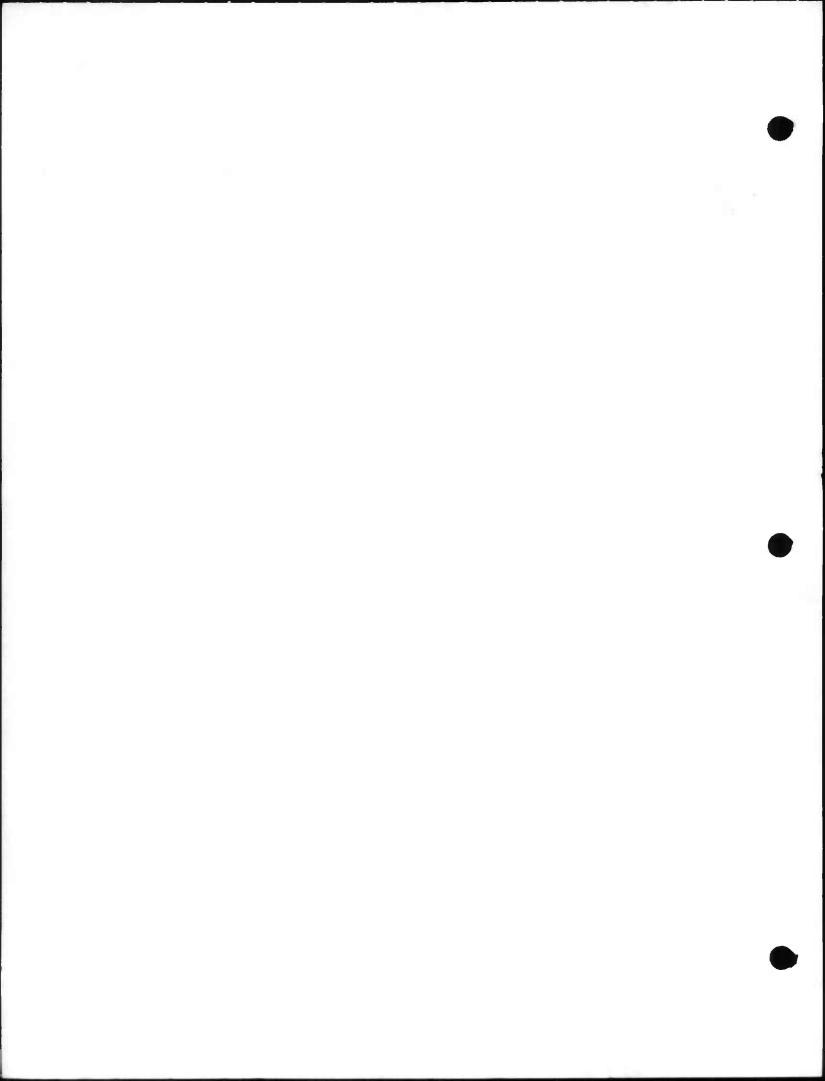
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, e has been signed by the Dept. of Health and the 23 shows any in this certificate h After I TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: AN be filed within 72 hours after de IMPORTANT: If Item 28 is a

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Christena 1993 25. G. Feb. Imirie 1:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN 1 M 2 KF 220-44-1341 96 YRS. 1896 Washington, DC 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4709 River Road Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Bethesda 14 YES 2 NO Maryland Montgomery 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4709 River Road 20816 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If was anactfy Cuban, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black. White, etc. If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify 3 🔯 Widowed 4 🗌 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12 U.S. Dept. of Agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cornelius Eckhardt Annie Laura Kaiser 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4709 River Road, Bethesda, MD Mildred Imirie 20816 20a. METHOD OF DISPOSITION
1 XBurlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Glenwood Cemetery 4 Donation 5 Other (Specify) 3-1 Washington, D.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH GAWLER'S SONS, INC. 5130 Wisc. Ave., NW Washington, DC 20016 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between ahock, or heart fallure. List only one cause on each ilne. **IMMEDIATE CAUSE (Final** Onset and Death disease or condition week resulting in death) ohroscleros, Sequantially list conditions, BUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO ng Home 5 A Residence 8 C Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29s. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the films, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER



29d. DATE SIGNED (Month. Dev.



BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perr	, or removal.
RECORDS, P.O. BOX 68760,	equires that the death certificate be executed within 2	en signed by the attending physician and completely f	of Health and Mental Hygiene prior to burial, cremation, or removal,

DIVISION OF VITAL HOSPITAL OR ATTENDING PHYSICIAN: The law

MARIO F GOLLE

31. DATE FILED (Mon

JR, MD

'93

93 07125 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 9:20 03 LYNN INGSON 04 93 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 220-98-0420 1 M 2 V F 9/24/68 PA 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WESTMINSTER CARROLL 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Carroll Westminster 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Glenbrook Drive 21158 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (collections dept. for) Elementary/Secondary (0-12) College (1-4 or 5+) 12 office manager printing company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Raymond Robert Rembe notified at M. Janet Demarest BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Matthew J. Ingson Glenbrook Drive, Westminster, MD 21158 90 20s. METHOD OF DISPOSITION

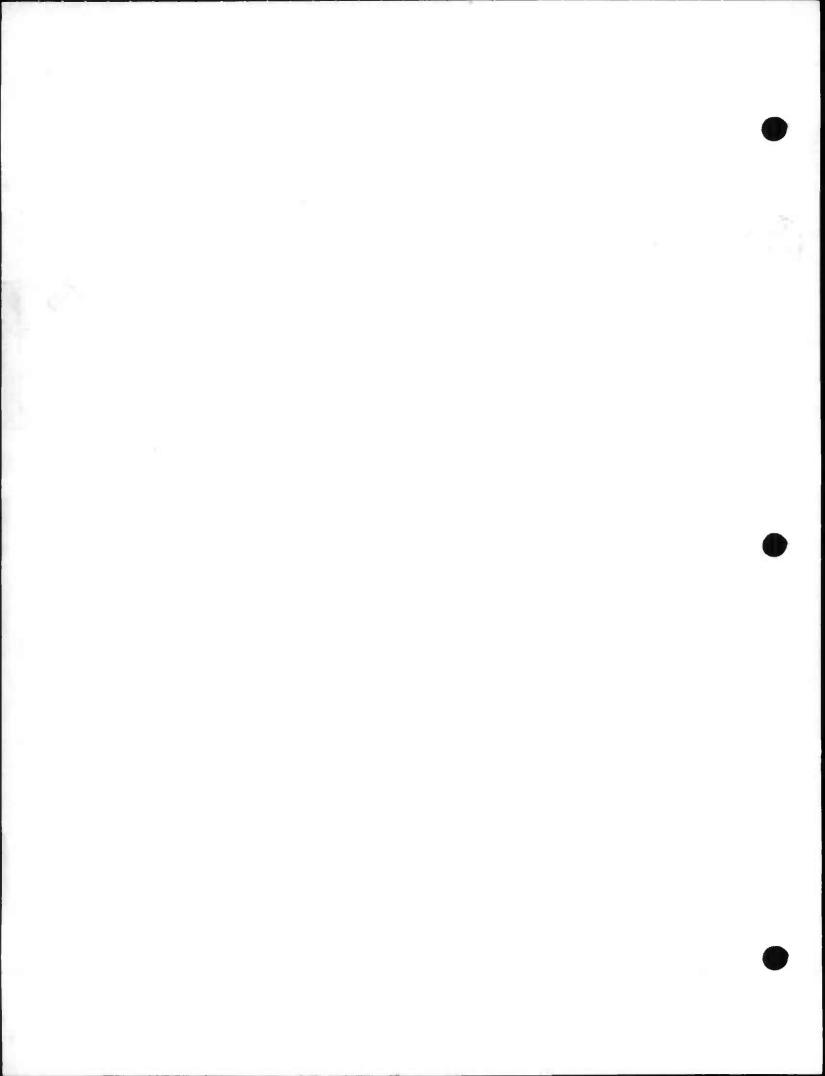
| Burlel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must t cametery. cremetery or other place) Cemetery Marriottsville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Robert K. Pritts 412 Washington Rd., Westminster, Injury, or other traumatic event, the medical 23. PART i. Enter the diseases, or complicatione that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one cause on each line Interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition resulting in deeth) HEAD & NECK INJURIES CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF). thet initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 | NO 1 TES 2 NO s certificate has been the State Dept. of d, or item 23 sh 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER:
4 | Nursing Home 5 | Rasidenca & Other (Specify) RT.31 & 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH R: After this cer er death with the Is marked, 28a. DATE OF INJURY (Month, Day, Year) 26d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 X NO 4-1993 DRIVER IN AUTO/AUTO IMPACT TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Af-be filed within 72 hours after de IMPORTANT: If Item 28 Is I 3 Sulcida 28a. PLACE OF INJURY - At home, farm, atreet, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide ON ROAD WESTMINSTER 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. \triangleright 3-4-1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

21201

DHMH-16 Rev 1/89

1								OAIL	0	DEA	1 1 1		HEG. NO.				
		1. DECEDENT'S NAME (First, MA ANNIE F		7	NIIS 03 03 93						YEAR 3	TUS OF SPATN					
-		4. SOCIAL SECURITY NUMBER 213-40-733		5. SEX 1 M 2 7 F		(In yrs. less		IF UNDER 1	YEAR DAYS	IF UNDER HOURS	MIN.		Day, Year)		Country)	ACE (State or Foreign	
3 should	A.	So. FACIFITY NAME (I not institution, give street and number) Shady Grove Advents to Hose Shady Grove Advents to Hose Shady Grove Advents to Hose Montgomery														TH	
4	RESIDENCE OF DECEDENT											3114	111111	-	11050	mer 1	
	DIRECTOR	Maryland	MOD	tgomery	7		10c. CITY, TOWN OR LOCATION Rockville									Od, INSIDE CITY LIMITS? YES 2 NO	
1998		10e. STREET AND NUMBER	PICH	Lyomery			10f. ZIP CODE						10g. CITIZEN OF WHAT COUN				
an. Fanst p	FUNERAL		ncol	n Ave,				20850						U.S.A.			
physician. burial-trans	5	11. MARITAL STATUS 1 Never Married 2 Ma		12. WAS DECEDEN FORCES? 1				13. W	AS DE	ECENDENT O	F NISPANI	C ORIGIN?	(Specify Yes	or No-	14. RACE - Black, 1	- American Indian, White, etc.	
as the	B	3 Widowed 4 Divorce	ed .	IF YES, GIVE W		ATES		1	YE	S 2 NO			-,,		Specify: Bla		
	Ē	(Specify only his		completed)		(G)	CEDENT'S U	ork done du	CUPAT	TION nost of workin	ng	16b. K	IND OF BUS	SINESS/IND	USTRY		
i è è	COMPLETED	Elementary/Secondary (0-12) 7th Grade	.	College (1-4 or 5	+)	15000							Non	2			
the hospital detached once.	O	17. FATHER'S NAME (First, Middle				- 11	ouse	MTTE	3	18, MOTH	HER'S NAM	AF /First, Mic	NOI1				
3 E E	ш	Josepl	h G	. Johns	on							rgia		ayes			
retained to 5 should notified	0 18	19a. INFORMANT'S NAME (Type				198	. MAILING	ADDRESS	Street	t end Number						20878	
2 5	ř	Mrs Virginia Hamilton 12324 Bradbury Dr. Gaithersbur										rg.M	ld				
e 6 ma rector, p	1	20a. METHOD OF DISPOSITION 1 Denotion 5 Other (Specify)												n, State			
death. Pag tuneral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Show and Address of Facility Show and Address of Facilit															
9 7		(Slove R. / Monden 246 N. Washington St, Rockville Md															
tred within 24 hours after completely filled in by the ial, cremation, or removal.		23. PART I. Enter the diseases, or committations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a constituence of the cause of dying, such as cardiac or respiratory arrest, and constituence of the cause of dying, such as cardiac or respiratory arrest, and cause of dying, such as a cardiac or respiratory arrest, and cause of dying, and cause or cardiac or respiratory arrest, and cause or cardiac or respiratory arrest, and cause or cardiac or															
B 2 4	NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury															
e be siclan prior t	CERTIFICATION																
ding Hygie	RTIF	that initiated events resulting in death) LAST		DUE TO	DUE TO (OR AS A CONSEQUENCE OF):												
the atte Mentai Mury, o																1	
1 2 d t	¥	PART II. Other significant	conditions	s contributing to	death b	out not re	resulting in the underlying cause given in Part						. 24a. WAS AN AUTOPSY PERFORMED?		A	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
signed Health Ws an	AN: MEDICAL	1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												F DEATH?			
N: The ficate h State (PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER? 1- YES 2 NO	IEDICAL	HOSPITAL:	- FD10-4			OTHER:		PLACE OF D							
SICIAN: The certificate to the State	Ĭ	27. MANNER OF DEATH		1 Inpetient 2 28a. DATE OF	INJURY	paniem 3	28b. TIME	OF 2		NJURY AT			Specify)	NJURY OCC	URED		
DING PHYS After this o death with	ВУ Р	a	nding estigation	(Month, D	Pay, Year)		INJU	M	1 🗆	YORK?] NO						
TTENDI TOR: A after do		4 Homicide dete	uld not be lermined	28e. PLACE O building,	etc. (Spec	f — At hou	me, farm, st	reet, factor	y, off	Ice			ION (Street e Town, State)	nd Number (or Rural Rou	ite Number,	
보기하는	COMPLETED	one) 2 MEDICAL	L EXAMINER											d due to the	cause(e) s	and menner ae stated.	
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE	296. SIGNATURE AND TITLE OF	ond	Any	m·	D				29c. LICE	4 22			29d. DATE	3 /4	fonth, Day, Year)	
		30. NAME AND ADDRESS OF SE	hou	edy	1/2	251		prine)	in	sood		Dr	Sil) 8p	ig !	nogogos	
		MAR 05 '93	}	Julia Da			2000							7-	7		



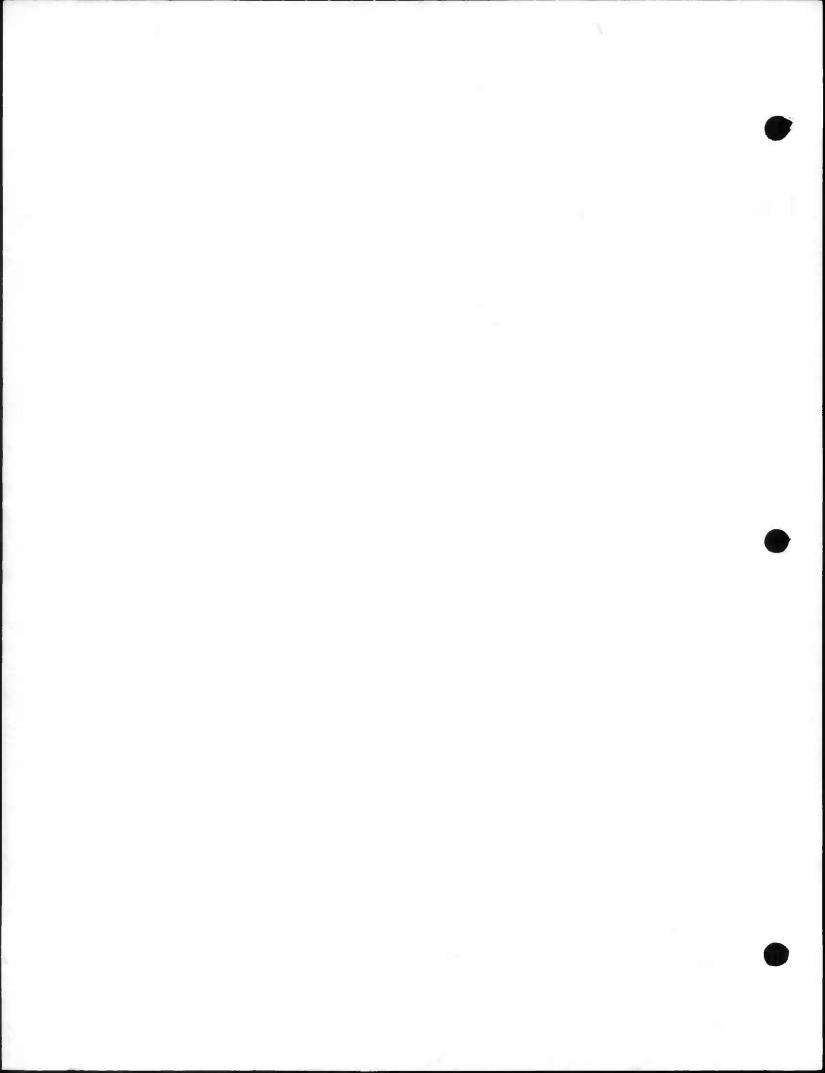
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buna-transit permanent of manner after death with the State flow of the Manner of Health and Mental Houlene notor to bunal community or named.	IMPORTANT: It feet 28 is marked, or flem 23 shows any litury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF I		/ DEPAR						YGIENI EG. NO.	_	0.2	07	12	7
- 1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D			YEAR	3. TIME OF	DEATH	+
	Grayce Ma	ae	JOHNS						FEBRU	ARY		L993			M
	247-05-3424	5. SEX	8. AGE (In yrs. I	ast birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF B (Month, Day	(Year)	000	Count	HPLACE (State		
	9a. FACILITY NAME (If not institution, give st		04	1110.	9h CIT	Y, TOWN C	DR LOCATI	ON OF D	Sept.	4,1		SOUT		olin	a
DIRECTOR	DOCTORS COMMUNIT		AL		LANI				LAIN		PRIN	NCE C	GEORGE	"S	
REC	10a. STATE 10b. COUNTY			10c. CI1	Y, TOWN	OR LOCAT	TION						10d. INSIDE	CITY	_
		e George	s	Bla	dens								1 X YES	2 🗌 NO	
FUNERAL	100. STREET AND NUMBER 5999 Emerson Stre					101	. ZIP COD						WHAT COUNT		
Ä	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II C. A	DMED	1 40		207						States		
F	1 Never Married 2 Married		YES 2V			If yes, sp	ecify Cubi	ın, Mexica	NIC ORIGIN? (Sp an, Puerto Ricen	ecify Yes , etc.)	or No—		E — Americas k, White, etc.	n Indian,	
B	3 🕅 Widowed 4 🗌 Divorced	IF TES, GIVE V	HA ON DATES			1 TYES	2X NO	Specif	γ:			Spec	Blac	ck	
	15. DECEDENT'S EDUC (Specify only highest grade		16a. C	ECEDENT'S Give kind of fe. Do NOT u	USUAL O	CCUPATIO	ON ast of worki	na	16b. KINI	OF BUS	INESS/IN	DUSTRY			
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	•)												
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1	No	ot Av	aila	ble						nmen	t		
	James Franklin Ed	tranda							ME (First, Middle	, Maiden :	Sumame)				
H	19a. INFORMANT'S NAME (Type/Print)	Iwalus		9b. MAILING	ADDRES	\$ (Street a			Green Route Number, G	the or Town	Chata 7	in Code)	_		_
2	Roscoe S. Edwards	3							Houston				21		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo		20h PLACI	FANDDATE	OE DISPO	SITION /No	me of		DATE	200 1.00	CATION	City on To	num Ctete		
	4 Donation A Dtber (Specify)		Arlin	rematory or d igton	Nat:	iona:	1 Cer	m.	3/4/93	Ft	. Mv	er. '	Virgir	nia	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /			22.	NAME AN	ND ADDRE	SS OF FA	al Serv						
	2 m 111	Mrs	ans.		7.	400 (Geor:	uner gia	ar serv Ave. N.	vice.	, In	C. hino:	ton T) C	
	PART i. Enter the diseases, or c shock, or heart failure. I	omplications tha	t ceused the d	leeth. Do	not enter	the mo	de of dy	ing, suc	h as cardiac	or respin	ratory ar	rest,	Appn	oximate	_
	IMMEDIATE CAUSE (Finel	State of the state		111			0	20	,					rai Betw t and De	
	disease or condition resulting in death)	6 a	SHO .	Inte	Ste	-d		be	lely						
	ALIII. WELFERSON	DUE TO	(OR AS A CONS	EQUENCE O	F):		01		,		1.1	2			
No.	Sequentially list conditions,	1+C	Le 1	me	211	Lu	M		770C	Wd	10				
ITIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Cia	OR AS A CONSI	~ea (-l-	¬	ac	a:	let	1	1	rd	_		
F	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONS	EQUENCE O	F):								-		_
CERT	resulting in death) LAST		port						o ve	a	br	ol	Sac		
Ä	PART II. Other eignificant conditions	s contributing to	death but not	resulting	in the u	nderlying	g cause	given in	Part i. 24a.	WAS AN	AUTOPSY MED?	24b	MAILABLE F		vG\$
PHYSICIAN: MEDICAL				·					1	YES 2	XNO		OMPLETION OF DEATH?		šΕ
M													1 TYES	2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL														
Sici	EXAMINER? 1 YES 2 X NO	HOSPITAL:	EB/Ordentlant	2 🗆 804	OTHE	R:			eck only one)						_
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT	esidence	6 Other (Spe 28d. DESCRIB	_	JURY OC	CURED			_
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)	IN.	M		RK? YES 2] NO							
	3 Suicide 6 Could not be	28a. PLACE O	F INJURY — At I	ome, ferm,	street, fac	tory, office	•		28f. LOCATION City or Tox	(Street a	nd Numbe	or or Rural I	Route Number,		
ETE	4 Homicide determined								Only or 100	, Grate)					
COMPLETED	29a. CERTIFIER (Check only														
Š	one) 2 MEDICAL EXAMINE	R: On the besiz of e	camination and/o	r investigation	on, in my	opinion, d	eath occu	red at the	time, date and	place, and	d due to t	he cause(s	e) and manne	r en stated	d.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	11	2 1		1 6		29c. LIC	ENSE NUI	MBER		29d. DA1	re signed	(Month, Day,	Yber)	_
0 B	30 MAME AND ADDRESS OF BERSON WHO	ral	le.	1	1.		0	12	-86	5	•	2.2	24.7	13	

6005 Landover

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE
Suhie Devidson Pandelle DHMH-16 Rev 1/89



YEAR

Sury Rd Hygttsville MD 20081

3. TIME OF DEATH

29d. DATE SIGNED (Month, Day, Year) 12-26-93

2. DATE OF DEATH MONTH

2

permit. Pages 1, 2, 3 mend	L DIRECTOR	294-24-7343 9a. FACILITY NAME (If not institution, give stree DOCTOR'S RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10a. STREET AND MIMBER.	M M 2 DF met and number; M m unity VCE GERR	10c. CIT	Y, TOWN OR LOCA	EPAN	ATH	9c. COUNTY OF PRIX	10d. INSIDE CITY LIMITS? 1X YES 2 \(\text{NO}\)
215-0020 attending physician. ise as the burial-transit pe	BY FUNERAL	9516 4912	DIACE 12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DE	20740 CENDENT OF HISPANI pecify, Cuben, Mexicen S 2 NO Specify:		U.S or No- 14. RA	CE — American Indian, ick, White, etc.
YLAND 21215- by the hospital or attendin be detached for use as the	COMPLETED E	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Lest)	ATION ompleted) College (1-4 or 5 +)	life. Do NOT us	work done during n	vices	18b. KIND OF BUSI Wash:	Lngton 1	Hospital Ctr.
MAR retained 5 should notified	TO BE (Earl Johns 190. INFORMANT'S NAME (Nypo-Print) Thomas Johns		196. MAILING 5418	ADDRESS (Street		Chaml oute Number, City or Town, Riverdale	State, Zip Code)	0737
ALTIMOR death. Page 6 m: funeral director.		20e. METHOD OF DISPOSITION Buriel 2 St Cremation 3 Remov.	al from State cem	p. PLACE AND DATE of the presence of the control of	Crema:	tory	3/3/93 R	ambers (e, Md.
within c4 pletely fill cremation rent, the		23. PART I. Enter tha diseasea, or con ahock, or heart failura. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused at only one cause on a	iach lina.	not anter tha m	oda ot dylng, auch	as cardiac or respire	story arrest,	Approximate Interval Batwean Onset and Death
S, P.O. BOX 687(death certificate be executed sattending physician and con ental Hydiene prior to bunia, ry, or other traumatic es	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF					
RECORD: requires that the een signed by the of Health and M shows any Inju	MEDICAL	PART II. Other significant conditions S +ATV J NOJT C	contributing to death be	ut not resulting I	n the underlyin	ng Causa given in P	art i. 24a. WAS AN A PERFORM	ED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL The languate has ate Dep	HYSICIAN:	1 PYES 2 NO	HOSPITAL: ER/Outp	patient 3 DOA	OTHER:	LACE OF DEATH (Chec			
L OR ATTENDING PHYSICIAN: DIRECTOR: After this certifications after death with the SN liem 28 is marked, or it	ED BY P	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not ba 4 Homicide determined	28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spec	28b. TIMI INJ / — At home, farm, a	M 1	YES 2 NO	28d. DESCRIBE HOW IN. 28f. LOCATION (Street am City or Town, State)		Route Number,
HOSPITA FUNERAL WITHIN 72 TANT: IL	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER		n and/or investigation	n, in my opinion,	death occured at the ti	me, data end piece, and	due to the ceuse	
WPOR	BE	Bul Ban Ou	ing he O de	epity Med	ALLAS	29c. LICENSE NUME		DATE SIGNE	(Month, Day, Year)

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Randell

Elizabeth

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Jackson

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DHMH-16 Rev 1/89

 pe

page 5 should

funeral director,

completely filled in by the rial, cremation, or removal.

the attending physician and con Mental Hygiene prior to burial,

Health and N

this certificate h

After t

DIRECTOR: A hours after d

FUNERAL within 72 h

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223

Page 6 may be retained by

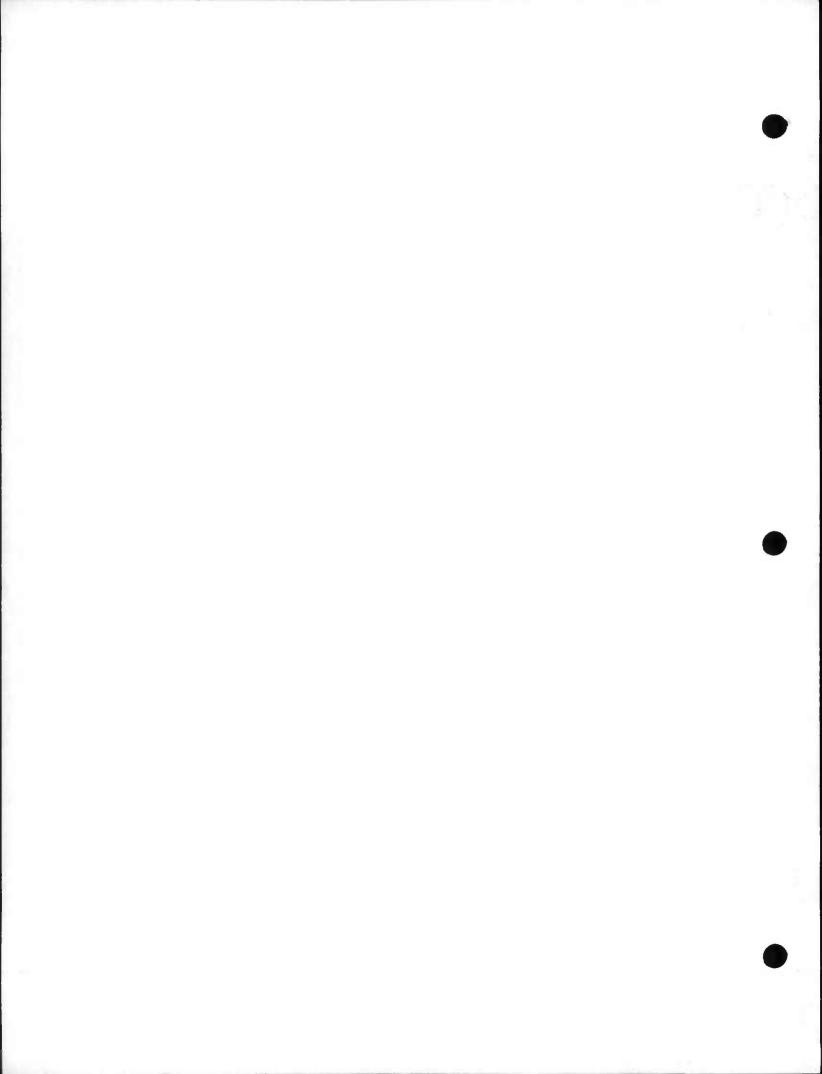
after death.

BALTIMORE,

executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760. requires that the death certificate be OR ATTENDING PHYSICIAN: The law HOSPITAL

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY PEAR February 26, 1993 Schuvler Wolcott Jackson 12:00 P.M 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 578-07-9609 1 X M 2 T F 74 YRS. FEB. 26, 1919 WASHINGTON, DC 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4400 East-West Highway, #127 DIRECTOR Bethesda Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY BETHESDA 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4400 EAST-WEST HIGHWAY, #127 20814 UNITED STATES 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES B 3 Widowed 4X Divorced WORLD WAR II WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) OWNER TRUCKING COMPANY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 75 JOHN PARKER JACKSON DORCAS MacLAURIN SURTH B notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 LYNNE M. JACKSON 13803 SLOAN STREET, ROCKVILLE, MARYLAND 20853 9 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 2/28/93 DATE 20c. LOCATION — City or Town, State must "MONTGOMERY CREMATORIUM, INC. 4 Donation 5 Other (Specify) BETHESDA, MARYLAND examiner 21. SIGNATURE OF PUNERAL SERVICE LIBENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. PUMPHREY FUNERAL HOME/BETHESDA-CHEVY CHASE, INC. 7557 K0800M WISCONSIN AVENUE, BETHESDA, MARYLAND 20814 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition . MYOCARDIAL INFARCTION event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? pt. of Health and 3 shows any 1 PROSTATE CANCER 1 TYES 2 X NO DIABETES MELLITUS-INSULIN DEPENDENT 1 | YES 2 | NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 4 - Nursing Home 5 K Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 5 Pending investigation 1 X Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 99 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 28 ltem 29a. CERTIFIER

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B MB Hallish D28426 ▶ February 27,1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Galen B. Hallick, M.D. 11125 Rockville Pike, #103, Rockville, Maryland 20852 32, REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julia Davidson Bordell MAR 03 , do



TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician and completely med in by the funeral director, page 5 should be detached for use as the burlal-tran be fled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burlal. cremation, or removal. IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0	Æ	1	-	FOR STATE REGISTRAR
		1	. D	ECEDENT'S NA

TO BE COMPLETED BY FUNERAL DIRECTOR

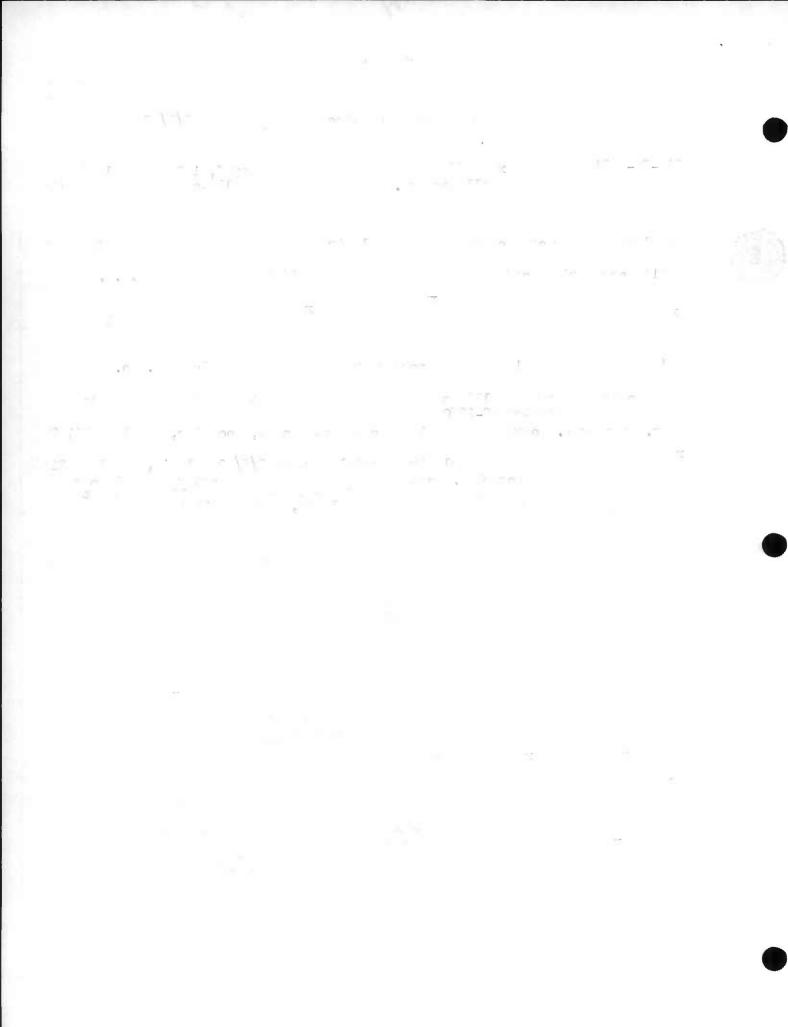
STATE OF MADVI AND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1 - STATE REGISTRAR	OIAIL OI MARTIL	CERTIFIC		DEATH	MENIAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C			YEAR :	3. TIME OF DEATH
DONALD	LEON	JOH	HNSON		Mar		19		7:30 P
			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
220-07-5506	M 2 🗆 F	74 YRS.	ONTHS DAYS	HOURS MIN.	- /-	4/191	18		vland
9a. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOWN	OR LOCATION OF DE	EATH			TY OF DE	
1588 W. Jar	rettsvill	e Road	Jar	rettsv	ille			Har	ford
10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCA	TION				1	10d. INSIDE CITY LIMITS?
Maryland	Harford		Jarre	ttsvil:	le			- 1	1 ☐ YES 2 NO
10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZ	EN OF WH	IAT COUNTRY?
1588 W. Jarre	ttsville	Road		2108	84		1	U.S.	Α.
11. MARITAL STATUS	2. WAS DECEDENT EVER I FORCES? 1 X YES	N U.S. ARMED		ENDENT OF HISPAN			or No-	14. RACE -	- American Indian, White, atc.
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specify		out, ato.,		Specify.	
15. DECEDENT'S EDUCAT	World War	16a. DECEDENT'S US	NIAL COCURATION		100	VIII 05 BUG			casian
(Specify only highest grade co	mpleted)	(Give kind of wor	k done durina mo	est of working	100.	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)		ner			Sor	v Mi	1.7	
17. FATHER'S NAME (First, Middle, Last)		OWI	TET	18. MOTHER'S NA	ME (First M			44	
William C	harles	Johnson		Lil		Mae		Bail	.ey
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	and Number or Rural i	Route Numbe	er, City or Town	n, State, Zip	Code)	
Susan J. Lille			same a		-				
20s_METHOD OF DISPOSITION 1	al from State	other place)			7/2/		CATION —		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE ÉICEN		arretts		COM.	3/1	U Jai	ret	tsv1	lle, Md.
Marke	Kurls.	14	Kur	tz Fundrettsv	eral			n d	
23. PART I. Enter the diseases, or con	mplications that cause	d the death. Do not							Approximata
shock, or heart failure. Lis	st only one couse on e	each line.						,	Interval Between Onset and Deeth
IMMEDIATE CAUSE (Final disease or condition	Co co	nash	1 100	7111	2 M	-e1 t	-		Oliset and Deeth
resulting in deeth) a	DUE TO (OR AS	O CSP		009 0				-	-
									ļ
Sequentially liet conditions, If sny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):			-				
CAUSE (Disease or injury									
that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in deeth) LAST									
PART II. Other significant conditions	contributing to deeth t	out not resulting in	tha underlyin	g cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. \	WERE AUTOPSY FINDINGS
HIN			71-2113-20-011			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
NM					- [1 TYES 2	XNO		OF DEATH?
	deser	~d1=			— ['	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	acces	aur	26 P	LACE OF OEATH (Ch	eck only one	1			
EXAMINER?	OSPITAL:		OTHER:	ne 5 N Residenca		<u></u>			
27. MANNER OF DEATH	26s. OATE OF INJURY	26b. TIME		IURY AT		(Specify)	NJURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	RY WO	YES 2 NO					
3 Suicide 6 Could not be	26e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stre	eet, factory, offic	:0	261. LOCA	TION (Street a	and Number	or Rural Ro	oute Number,
4 Homicide determined				-1					
CHOCK CHY	AN: To the best of my know	viedge, death occurred	at the time, date	and place, and due	to the caus	e(a) and mar	mer as state	ed.	
one) 2 MEDICAL EXAMINER:	On the basis of examination	on and/or investigation,	In my opinion,	leath occured at the	time, data i	and place, an	d dua 1o 1h	e cause(a)	and menner as stated.
29b. SIGNATURE AND TITUE OF CERTIFIER	in her)		200 LICENSE NUI	MBER 9		29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P.	rint) A	umbre	2 2	2	R	101	1 ren
31. DATE (Manth Parties)	31 REGISTRAR'S SIGI	NATURE	, , ,		-	0	120		
4 MHU T O 32	grina Davidson	n-Handells							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-to be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPIT	TO THE FUNERA be filed within 7	IMPORTANT:	200
	_		Li

	1 - STATE REGISTRAR		SIAIE UF N		ERTIF					REG. NO.	E 9,	3 U	11131
3	1. DECEDENT'S NAME (First, MI		EAN	th Just	ean C	Just	ice			2. DATE OF DEATH 3	(3/93 3	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219_30_4831		SEX	6. AGE (In yrs. I	ast birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institu			66	Gen.	9b. CITY	, TOWN	OR LOCATI		May 5, 192 Pallston	_	Engl	and "Harford
OR	Fallston (senera	\	Rita	1000	F	-21	stu	N	T GTT 20011	Ho		srd
DIRECTOR	10a. STATE 10	DENT 06. COUNTY		-0	10c. CIT	Y, TOWN (OR LOCA	TION				10	Dd. INSIDE CITY
	Maryland	Harfo:	rd Coun	ty		Bel	Air					1	LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER	manife of 1	02				10	r. ZIP CODI					AT COUNTRY?
NE L	710 Rock S		. WAS DECEDEN	T EVER IN U.S. A	ARMED	13.	WAS DEC		E1014	C ORIGIN? (Specify Yes		J.S.A	- American indian,
B	1 Never Married 2 Ma 3 Widowed 4 Divorce		FORCES? 1 IF YES, GIVE W	YES 2	∄ND	- 6	If yes, sp	ecify Cuba	n, Mexican, Specify:	Puerto Rican, etc.)		Specify: Whit	White, etc.
ETED	(Specify only hi	ENT'S EDUCATI	npleted)		CECEDENT'S (Give kind of te. Do NOT u	work done	during me	ON ost of workin	ng	166. KIND OF BUS	SINESS/INOL	ISTRY	
PE	Elementary/Secondary (0-12) (college (1-4 or 5 +	·)	ookke					Brick	Mfg.	Co.	
COMPL	17. FATHER'S NAME (First, Midd							18. MOTI	HER'S NAM	E (First, Middle, Maiden		-	
BE	Thomas 19a. INFORMANT'S NAME (Type	Edward			ION MAIL ING		0.400		gare	Mary Mary Oute Number, City or Town	Ann		wis
2	Mrs. Suzann	_								Woodbine			d 21797
	20a. METHOD OF DISPOSITION	t 3 □ Removal		20h PLACI	E AND DATE	ne nispos	RITION (N	ame of		OATE 20c 10	CATION - C	the or Town	State
	4 Donation 5 Other (Sc 21. SIGNATURE OF FUNERAL S		SEE Joseph	Bel A	ir Me	mori	al (arde	ens 3	15/93 Bel	Air,	Mary.	land 21014
		-	Jacob Land	- 110	2001		50 V	Vest	Broad	dway & Wil	liams	Str	eet
	23. PART I. Enter the dise	asea, or com	plications the	t coused the	death. Do	not enter	tha mo	de of dy	ng, such	aa cardiac or reapi	ratory arre	est,	Approximata
	shock, or hear IMMEDIATE CAUSE (Final disease or condition							_	0				Onset and Death
	resulting in death)	a	MES DI	OR AS A CONS	EOUENCE O	etty	e	sever	e Kesy	racidos.	5.		10 days.
Z	Sequentially list condition									oxacini's			15423.
ATIC	if any, leading to immedia cause. Enter UNDERLYING								ν.				,
F	CAUSE (Disease or Injury that initiated events	° c –	Comic										
CERTIFICATION	resulting in death) LAST	d		arry				V					
CAL	PART ii. Other aignificant			deeth but not	resulting	in the Ur	nderlyin	g ceuse (given in P	art I. 24s. WAS AN PERFOR	MED?	Ale	ERE AUTOPSY FINDINGS MALABLE PRIOR TO
MEDI	Anueli	Asital								1 YES 2	NO	OI	OMPLETION OF CAUSE F DEATH?
ž	D.M.	7.7871 6-								- '		'	YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO N EXAMINER?	н	OSPITAL:			OTHE		ACE DF D	EATH (Chec	k only one)			
HYS	1 YES 2 NO	1	28a. DATE OF		3 DOA	4 🗆 Nur	aing Hon	URY AT		Other (Specify) 28d. DESCRIBE HOW ii	N HIBY OCC	IDED	
ВУ Р	1 Netural 5 Per	nding estigation	(Month, D			M	WC	PRK?		zva. OEŞCHIDE NOW II	NONT OCC	UNEU	
	3 Suicide 8 Coo	uld not be ermined	28e. PLACE O building,	F INJURY — AI I atc. (Specify)	home, farm,	street, fac	tory, offic			281. LOCATION (Street a City or Town, State)	and Number o	or Rural Rou	te Number,
COMPLETED										o the cause(a) and mar ma, data and place, an			nd menner as stated.
ш	29b. SIGNATURE AND TIME OF	CENTIFIER							NSE NUME				fonth, Day, Year)
TO B	1841		BD. PF					DI	8412	4	▶ 3	131	93
	B.D. PARE		DMPLETEO CAUS	OS HA	PFOR	Print)	01	FALL	STON	MD 2i	047		
	31. DATE FILED (Month, Day, Yee	J 7 , 03		R'S SIGNATURE	מל				_			-	



YEAR

3. TIME OF DEATH

9:00 PM

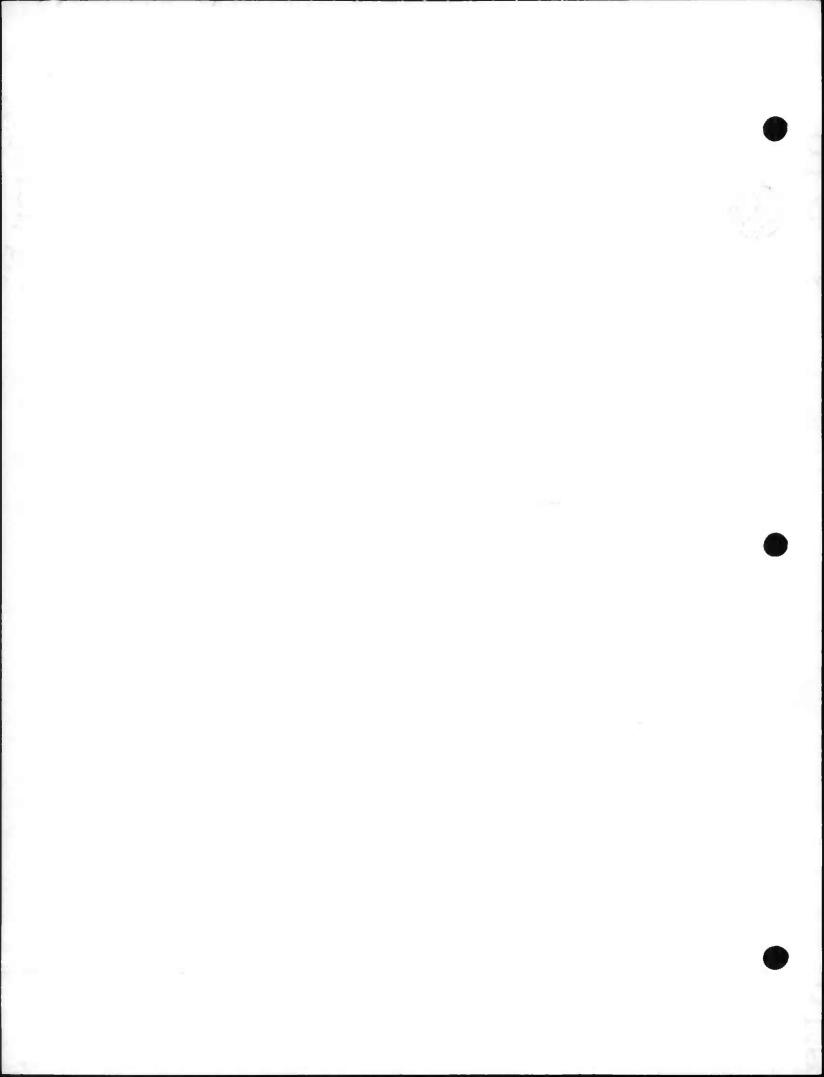
2. DATE OF DEATH DAY Y March 3, 1993

1. DECEDENT'S NAME (First, Middle, Last)

Karl Kniel

ø.,	28	
BALTIMORE, MARYLAND 21215-0020	th certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
_	afte	5
9	24 hours	filled in 1
P.O. BOX 68760,	ate be executed within	ending physician and completely filled in by th
0	certific	d Build
٥.	5	8

0020 ng physician. the burial-transit permit.		92 22 0427 96. FACILITY NAME (If not in 3 Radburn 100. STATE Maryland 100. STREET AND NUMBER 3 Radburn (11. MARITAL STATUS 1 NAME NOT MARTINE 2 3 NUMBER 4 Divo	estitution, give s en Cou enterment 10b. count Monto Court	rt	63	I U.S. ARIN	YRS.	96. CIT R Y, TOWN	OCKV OR LOCAT 11e 10f	ille ZIP COD 2085 ENDENT COCKY Cubic	ON OF DE	ATH IIC ORIGIN? (S	y, Wear) 13,	1929 Se. COUNT Mont Tog. CITIZE	Country) Calif Y OF DEAT GOME 10 1 EN OF WHA ited 4. RACE Black, V Specify:	American Indian,
the hospital or attendidetached for use as 1 once.		15. DEC (Specify only Elementary/Secondary (0 ————————————————————————————————————	EDENT'S EDUC y highest grade -12)		+)	(Giv	EDENT'S To kind of a Do NOT us ngine	work done se retired.,	OCCUPATION during mo	at of working		N . ME (First, Midd)	R.C.			White
BALTIMORE, MARYL 24 hours after death. Page 6 may be retained by the funeral director, page 5 should be on, or removal. TO BE 1		19e. INFORMANT'S NAME (7) SYLVIA B. KT 20e. METHOD OF DISPOSITI 1 Burial 2 Crematic 4 Donation 5 Other 21. SIGNATURE OF FUNERA	ipe/Print) 1 i e l 10N 10 Remo		_ Mo	PLACE A	ND DATE (dbur of piseo ther piace Cre	n Co sition(Na) emato . NAME AN . Ome/	urt, me of 3 orium to ADDRE	ROCI -4-9 1, In ss of fact ville	Route Number (kVille 3 DATE 19. RO 2 Inc	Bet Bert Bert	ryland cation — cathesda A. P.	d 208 Ny or Town a, Ma umphr t Mor	ryland rey Funeral tgomery
, P.O. BOX 68760, each certificate be executed within strending physician and completely all hygiene prior to burial, cernation, or other traumatic event, the property of the property of the physician of the property of the property of the physician of the property of the physician and physician	:	iMMEDIATE CAUSE (Findlesses or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	ions, diste	Metas DUE TO DUE TO DUE TO	t caused use on ea Stati (OR AS A (OR AS A	the despect line. C CC CONSEO CONSEO CONSEO	Olon UENCE OF	Can	cer	de of dy	ing, such		or respli	Tand	20850	Approximate Interval Between Onset and Death
ITAL RECORDS, The law requires that the deatate been signed by the attrate begit, of Health and Menta tem 23 shows any injury,		PART II. Other significe		s contributing to	death bu	ut not re	esulting		26. PL				PERFOR	MED?	CO	ERE AUTOPSY FINDINGS MALABLE PRIOR TO DIPPLETION OF CAUSE PLEATH? YES 2 NO
ION OF VI NDING PHYSICIAN F. After this certific r. death with the S is marked, or I		1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	Pending investigation Could not be determined	1 Inpatient 2 26a. DATE OF (Month, D	INJURY lay, Year)	— At hon	28b. TIM INJ	E OF URY M	28c. INJ WO 1 🗌 Y	URY AT RK? res 2		28d. DESCRI	BE HOW IN			te Number,
DIVIS TO THE HOSPITAL OR ATTER TO THE FUNERAL DIRECTOR De filed within 72 hours after IMPORTANT: If Item 28 TO BE COMPLETE		one) 2 MEDI	OF CERTIFIES PERSON WHO CCIA M	O COMPLETED CAU	SE OF DEA	and/or in	rvestigatio	Print)	opinion, d	29c, LIC	ense num	Ilme, data and	place, and	29d. DATE Mai	Cause(a) as	nd menner as stated. onth, Day, Year) , 1993
		MAR 05 '0	13	Julia Da			ساور									DHMH-16 Rev 1/89



1	-	FOR STATE REGISTRAR

1 - STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR					MENTA	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)				OATT	_ 01	DLAI		2. DATE	OF DEATH			3. TIME OF DEATH
Stefan		Kahan							MONT	TH DAY	993	YEAR	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	R 1 YEAR	IF UNDER 2	4 HRS.		OF BIRTH		8. BIRTHP	10:09 A ^M LACE (State or Foreign
250-66-0375	5	1 € M 2 □ F	69	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) 4-1924		Country)	aine
9a. FACILITY NAME (If not in	natitution, give stree	et and number)			9b. CITY	r, TOWN O	R LOCATIO	N OF DE		1724	9c. COUNT		
2508 Rando]		1			S	ilve	r Spr	ing			Mon	tgom	ery
RESIDENCE OF DEC	10b. COUNTY			10c, CIT	Y. TOWN	DR LOCAT	ION	-				1.	IOd. INSIDE CITY
Marvland	Monte	gomery				Spri						- 11	LIMITS?
10a. STREET AND NUMBER	Hone	Somery		I STI	VCI		ZIP CODE			Т	10a CITIZI		AT COUNTRY?
2508 Rando	1ph Roa	ad					2090	2			_	.S.A	
11. MARITAL STATUS		2. WAS DECEDEN	T EVER IN U.S. AF		13.	WAS DEC			IC ORIGI	N? (Specify Yes			- American Indian, White, etc.
1 Never Married 2 3 Divo		FORCES? 1 IF YES, GIVE W	YES 2 AR DATES	NO			cify Cuban, 2X NO			Rican, etc.)			White White
	EDENT'S EDUCAT		16a. Di	ECEDENT'S Sive kind of v	USUAL O	CCUPATIO	N et of working		181	b. KIND OF BUSI	NESS/INDU	STRY	
Elementary/Secondary (0		College (1-4 or 5		. Do NOT us	e retired.)	ourny mos	st or working				_		
12		0		Appli	Lanc	e Med	chani	С		Tretter	E	nter	prises
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHE	ER'S NAI	ME (First,	Middle, Maiden S	umame)		
Gregor	Kahar	1						Mar		Kuszma			
19a. INFORMANT'S NAME (1) EWA Ka	ype/Prim) ihan		19	6. MAILING 2508						nber, City or Town,			land20902
20a. METHOD OF DISPOSIT	ION		20b. PLACE	AND DATE (OF DISPOS	SITION (Na		vau	OAT	_	ATION - C		
1 N Buriel 2 Crematic 4 Donation 5 Other	(Specify)		- Geor	ge Wa	ther place)	ngtor	n Cem	etei	ry 3	-3-93 A	delp	hi,M	aryland
21. SIGNATURE OF FUNERA	L BERVICE LICEN	SEE /					D ADDRESS			eral Ho		20	007
· (d)	5.	her		_	1:	1800	NewH	amps	shir	e Ave.	Silv	erSp	904 ring,M.D.
23. PART i, Enter the d shock, or h	isesses, or cor eart failure. Lis	mplications that	t ceused the de	eath. Do n	ot enter	the mod	de of dyin	g, suct	es car	diac or respire	atory arre	st,	Approximate
iMMEDIATE CAUSE (Fir disease or condition resulting in death)	int	Metus	1	0.1	no	ca	rein	on	ra a	Jun	know	un	Onset and Death
		DUE TO	(OR AS A CONSE	DUENCE OF	F):	^	ne			/			
Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONSE	DUENCE OF	ŋ:	- 1							, 0
cause. Enter UNDERLY		Deep	Vein	T	~0	wh	0513	2					houte
that initiated events resulting in death) LAS		Q DUE TO	(OR AS A CONSE	QUENCE OF	F):		<				-		6
resulting in death) LAS	d	Pilete	end	4n	en	we	ma						houth
PART ii. Other significa	nt conditions	contributing to	death but not	resulting I	n the ur	ndertying	cause gl	ven in i	Part i.	24a. WAS AN A			VERE AUTOPSY FINDINGS
Hyper	tension	_								PERFORM 1 YES 2	A . C		MAILABLE PRIOR TO COMPLETION OF CAUSE
\										, ,			OF DEATH?
													0 131 1 0 11
25. WAS CASE REFERRED TO EXAMINER?							ACE DF DE	ATH (Che	ck only o	ne)			
1 TES 2 NO		IOSPITAL:	ER/Outpatient 3	DOA	4 Nur		5 🗆 Resi	Idence	8 🗆 Othe	er (Specify)			
27. MANNER OF OEATH 1 Netural 5		28a. DATE OF (Month, D		28b. TIMI INJ	E OF URY	28c. INJU	JRY AT		28d. DE	SCRIBE HOW IN.	JURY OCCU	JRED	
	Pending Investigation				М		ES 2 [NO					
	Could not be determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm, s	street, fac	tory, office		İ	28f. LOC City	OATION (Street and or Town, State)	d Number o	r Rural Ro	ute Number,
												_	
			my knowledge, de camination and/or										and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICEN	ISE NUM	BER		29d. DATE	SIGNED (Honth, Day, Year)
P Down	un	-, h	7)				D35	04	15		3	-1-	53
PHICIPHE	PERSON WHO	OMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)	(on	10	Ain	o ±	1300	S <	m	20501
31. DATE FILED (Month, Day,	Post)	32. BEGISTRA	R'S SIGNATURE	and and		~ / /	<i>y</i> • ()	1 0		- 3		+	
	JU	1	and the first of the last	-	-								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

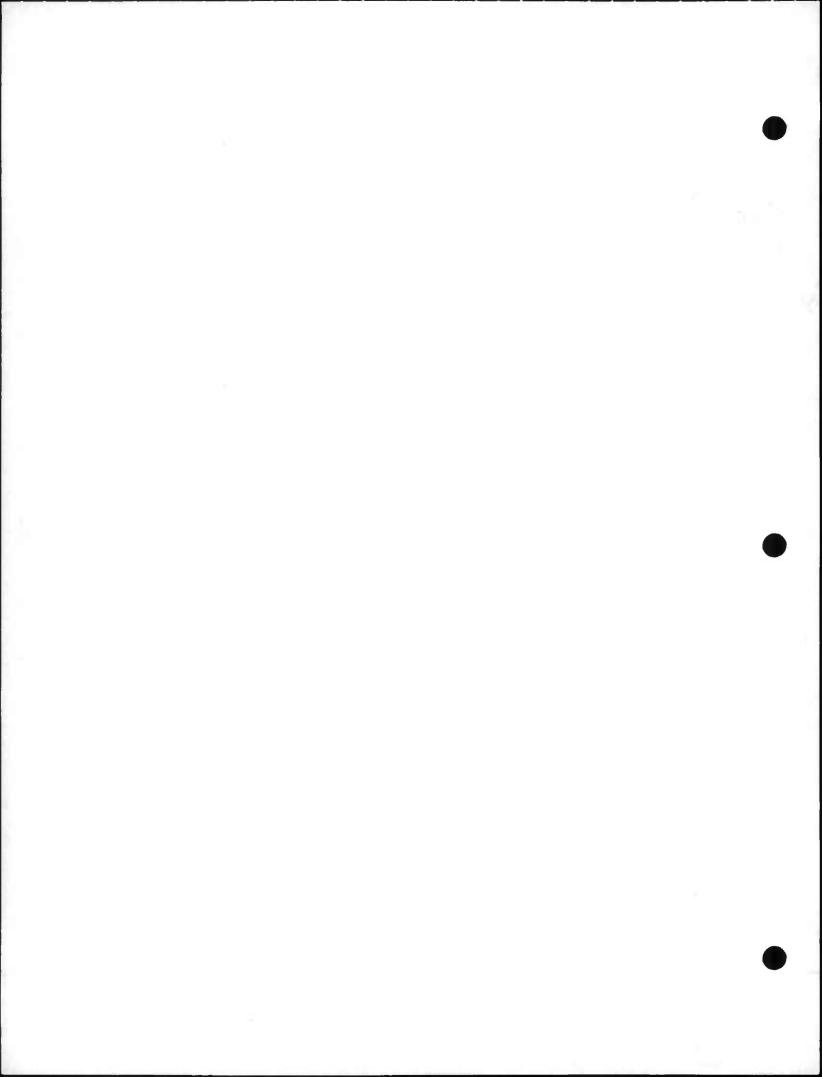
IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89



	1 -	FOR STATE REGISTRAF
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1 - STATE REGISTRAR	STATE OF MA			TMENT				MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					-	<u>JEAI</u>	•	2. DATE	OF DEATH	,	YEAR	3. TIME OF DEATH
RUTH	Ε.		TAI	A				2	2.5		93	1:15 Pm
4. SOCIAL SECURITY NUMBER 579-12-0840	5. SEX 6	AGE (In yrs. last	t birthday) YRS.	IF UNDER 1	YEAR DAYB	HOURS	MIN.	7. DATE (Mont	OF BIRTH h, Day, Year)		8. BIRTH Country	PLACE (State or Foreign y)
9a. FACILITY NAME (If not institution, give s	Δ.	82	rna.	9b. CITY,	TOWN O	P. LOCATIO	W OF DE		14. 19		WASI	HINGTON D.C.
2203 GREENERY LAN				SILV				20111				
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY							10			MO	NTGON	
				Y, TOWN OF								10d, INSIDE CITY LIMITS?
10e. STREET AND NUMBER	NTGOMERY		STI	LVER_	-	ZIP CODE				10a. CIT	IZEN OF W	1 YES 2 NO
2203 GREENERY LAND	E #102						209	06			Ţ	JSA
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED				HISPAN	IIC ORIGIN	17 (Specify Yes Rican, etc.)	or No-		— American Indian,
3 🖔 Widowed 4 🗌 Divorced	IF YES, GIVE WAR			1	YES:	2X NO	Specify	y:	rirount, etc.)		Specif	ty:
15. DECEDENT'S EDU	CATION	16a. DEC	CEDENT'S	USUAL OC	CUPATION	N		16b	. KIND OF BUS	INESS/ING		ITE ·
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	Do NOT us	work done du se retired.)	uring mos	t of working	7					
12		H(OMEMA	AKER								
17. FATHER'S NAME (First, Middle, Last) WILLIAM PEAI	COM								Middle, Maiden S			
19a. INFORMANT'S NAME (Type/Print)	ZON	196	. MAILING	ADDRESS	(Street an		HTE		MAGRI ber, City or Town		Code)	-
KELLY REED (GI	RANDDAUGHT								GAITH			D 20878
20s. METHOD OF DISPOSITION 1 □ Burlal 2 □XCremation 3 □ Ram		20b. PLACE A	NDDATE	OF DISPOSIT				DAT	_		City or To	
4 Donation 5 Other (Specify)		METR(OPOL]	ITAN				2/2	6 ALEXA	ANDR:	IA. V	/IRGINIA
21. SIGNATIFIE OF FUNEFIAL SERVICE LIC	ENSER)				S J.			S FUNER	RAT. T	HOME.	INC.
Modera	F. 0	2		50	0 UN	IVER	SIT	Y BL	VD.W.	SIL	SPR.	
23. PART I. Enter the diseases, prosphock, or heart failure.	complications that d List only one cause	caused tha dea on each line.	ath, Dor	not enter t	tha mod	le of dylr	ng, suc	h as care	diac or respir	atory an	rest,	Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition	N and	1.1										Onset and Death
resulting in death)	DUE TO (O	R AS A CONSEC	ENOCA	F):	1 0	f th	ve ir	itest	ne			6 months
S. TOTAL CO. LAND.	a ane	mid										2 months
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING		R AS A CONSEO										
CAUSE (Disease or Injury that Initiated events	DUE TO (O	R AS A CONSEO	UENCE OF	PI:	SK	with	1 01	Mail	hballat	NON		
resulting in death) LAST	d.											
PART II. Other algolificant condition	s contributing to de	eath but not re	neultina l	In the und	lacivina	Cause of	lung In	Dart I	24a, WAS AN	UCTOREY		WERE AUTOPSY FINDINGS
		and but hot h	paditing i	in the disc	arrying	Cause gi	14611 111	Part I.	PERFORI	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								-	1 TYES 2	□ N O		OF DEATH?
								_				1 123 2 110
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF DE	ATH (Ch	eck only or	10)			
1 TYES 2 NO	1 🗆 Inpatient 2 🗆 E			OTHER:	ng Home		Idence					
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF IN (Month, Day,	JURY Year)	28b. TIM INJ	E OF 2	WOR	IK?		28d. DES	SCRIBE HOW IN	JURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	NJURY — Al hor	ne, farm, s	street, tactor		ES 2 🗌	NO	26f. LOC	ATION (Street at	nd Numbe	r or Rural B	Inute Number
4 Homicide 6 Could not be	building, et	c. (Specify)						City	or Town, State)		or year at	nano,
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, der	nth occum	ed at the tim	ne, date e	ind place.	and dua	to the cas	use(s) end men	ner aa ste	ted.	
one) 2 MEDICAL EXAMINE) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIES						29c. LICE	NSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
XTXX	physicia					D	4-16	12		▶ 2	126/9	13
30. NAME AND ADDRESS OF PERSON WH					ATE	#252	DO	01717	TTD 34	D 0	0050	
E. SERRIN GANTT, 31. DATE FILED (Month, Day, Year)		16 PHYS			ANE	#253	RC	CKVI	.ьье, М	ມ . 2	:0850	
MAR 03 '93	guna Dai	ridson for	ndell									

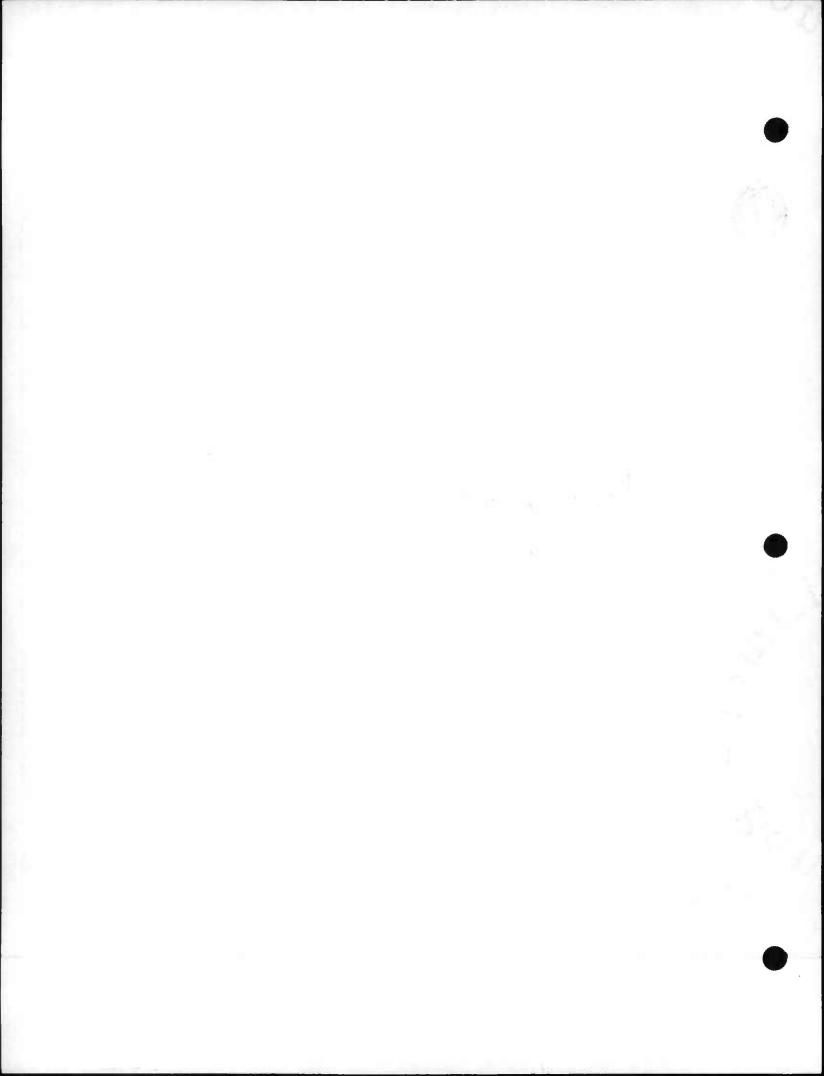


TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



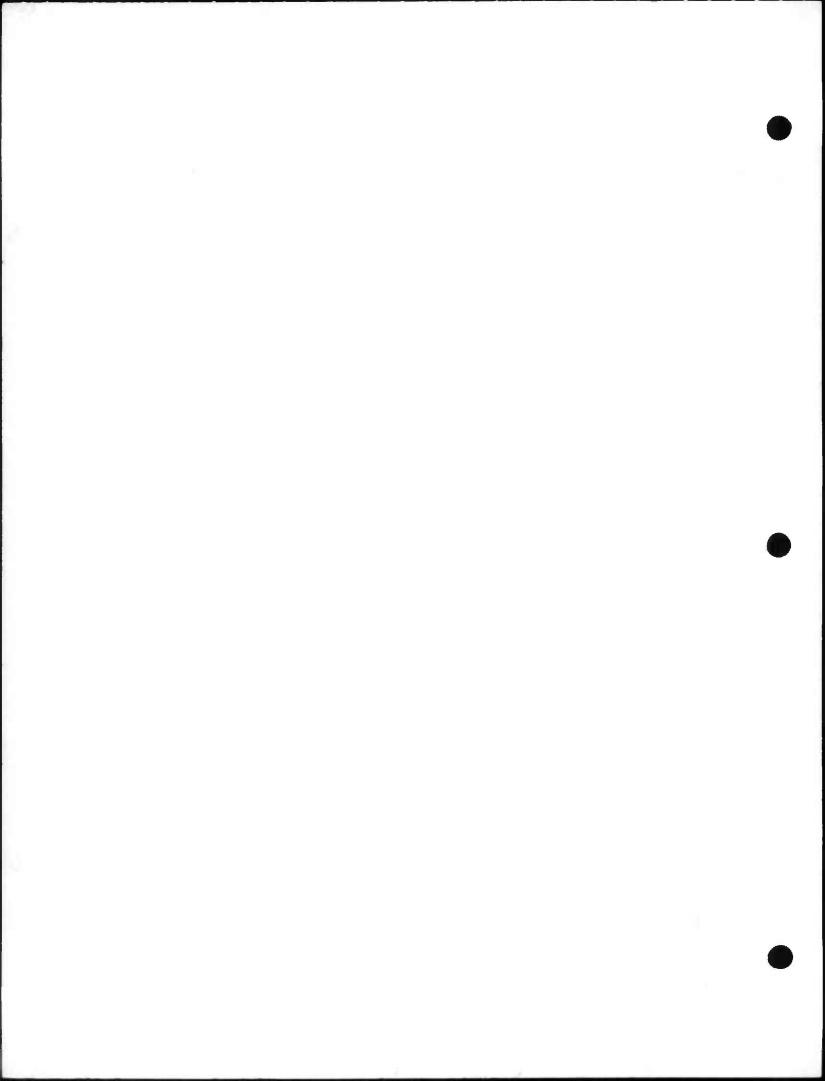
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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Comparison of Other (Specify) Segment of State Cardiac Arrhythmia
JOSEPH GAWLER'S SONS, INC. 5130 Wisc. Ave., NW Washington, DC 20016 23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. IN HIST AT 28d. DESCRIPE NOW IN HIST ACCOUNTS
2 Accident
4 Homicide datermined City or Town, State)
29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 mathematical manner as stated. 2 mathematical manner as stated.
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Veer)
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D08094 Peb. 27, 1993
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)



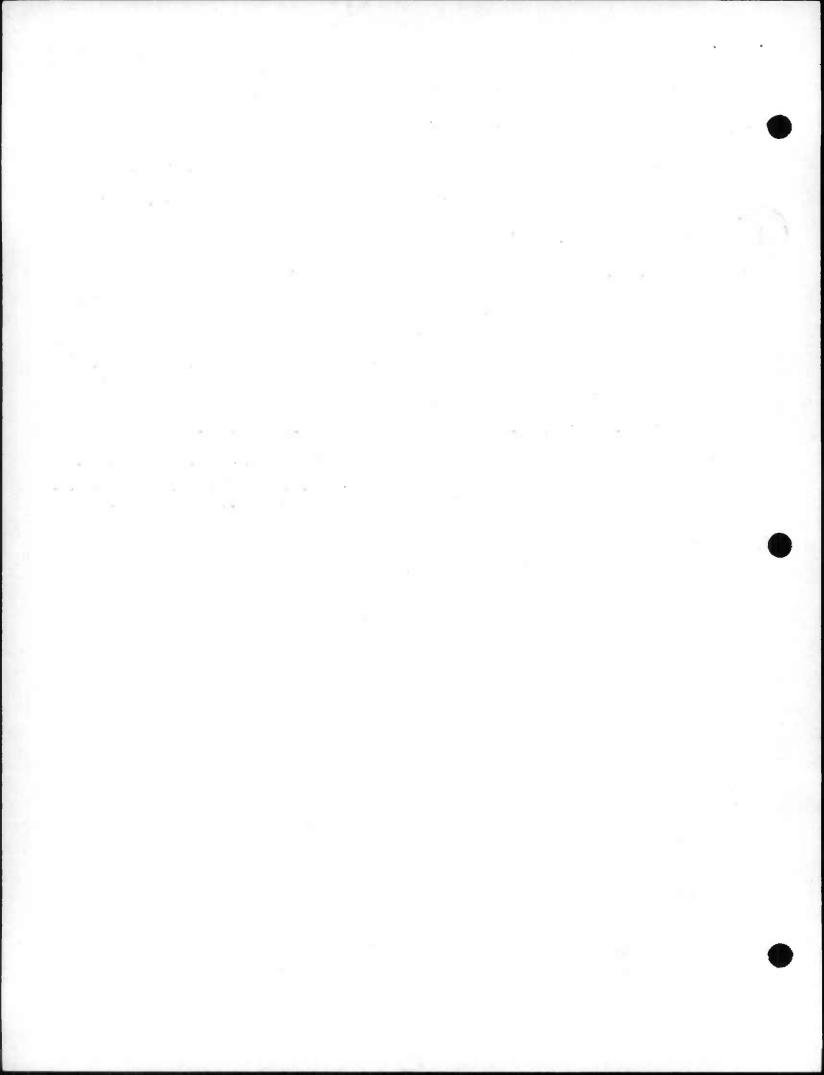
BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENI
AR	CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)										
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4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	DE BIRTH		. BIRTH	IPLACE (State or Foreign
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9a. FACILITY NAME (If not institution, give	street and number)	04	_	9b. CITY, TOWN	OR LOCATION OF I		MI 10,	9c. COUNT		
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RESIDENCE OF DECEDENT	vecerans (Jenuer_		Claric	tte nai	<u> </u>		I St.	MCL	ry's
10a. STATE 10b. COUN			10c. CI1	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
Maryland St.	. Mary's		C	harlotte	Hall					1 YES 2X NO
10e. STREET AND NUMBER				10	. ZIP CODE			10g. CITIZI	EN OF V	VHAT COUNTRY?
Md. Rt. 5					20622			U	SA	
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3 Widowed 4 Divorced	l Koi	rea			**					WILLOS
15. DECEDENT'S ED (Specify only highest grad	DUCATION de completed)	16a.	Give kind of	Work done during me se retired.)	ON ost of working	16b.	KIND OF BUS	SINESS/INDU	STRY	
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12			Shipp	ing Cler				ribut	ing	Co
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	IAME (First, M	fiddle, Maiden	Surname)		
Francis Anthony	y Kreine	<u> </u>			Helen	Alth	nea C	Connif	f	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS (Street	and Number or Rurs	il Route Numb	er, City or Tow	n, State, Zip C	Code)	
Edward T. Kreine	er, Sr.		740 J	oppa Far	m Rd.,	Joppa,	Md.	21085		
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Re	mount from State	20b. PLA	CE OF DISPO	SITION (Name of ce	metery, crematory o	r	20c. LO	CATION — C	ity or To	own, Slata
4 Donation 6 Other (Specify)	illoval from State			e Concep	tion Ca	tholic	c Cem.	To	WSO]	n, Md.
21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE		111		ND ADDRESS OF I		*** E	h	7 77.	D 3
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DHMH-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

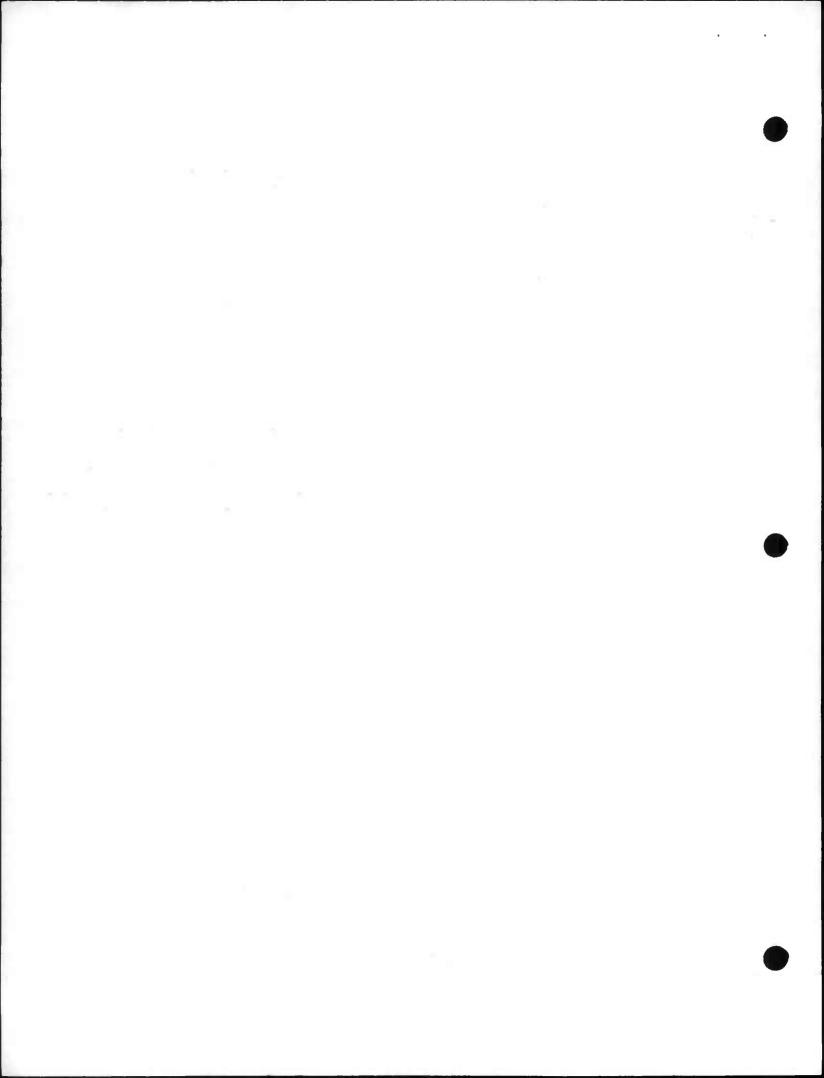
	1 - STATE REGISTRAR	CERT		E OF DEA		REG.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
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		AGE (In yrs. last birthd			A 24 HRS.	7. DATE OF BIRTH	9	8. BIRTI	HPLACE (State or Foreign
	184-26-7843 ¹□₩²½F	58 YR	MONTHS	DAYS HOURS	MIN.	Jan. 24	, 1935	Te	nnessee
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY	r, TOWN OR LOCAT	ION OF DE	ATH	9c. CO	UNTY OF E	DEATH
OH	3601 Advocate Ct.		J	arrettsv	ille			Harf	ford
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	100	CITY TOWN	OR LOCATION					
DIRECTOR	Maryland Harford								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		Jarre	ttsville			10a CF	TIZEN OF	1 TYES 2 NO
FUNERAL	3601 Advocate Ct.			2108	-		109.01	USA	WITH COUNTY
3	11. MARITAL STATUS 12. WAS DECEDENT EV		13.	WAS DECENDENT		IC ORIGIN? (Specify	Yes or No-		E — American Indian,
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Ħ	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN (Give kind	of work done	CCUPATION during most of world	ing	16b. KIND OF		_	
ا ڐ	Elementary/Secondary (0-12) College (1-4 or 5+)	1,000,000,000	logis			Dep	artmen	it St	ore
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Care	10915						
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BE	19a, INFORMANT'S NAME (Type/Print)	19h MAIL	ING ADDRES	S (Street and Numbe			France Otata 7	in Cadal	
2	Cynthia Flottemesch	3601	Advo	cate Cou	rt, i	Jarretts	ville,	Md.	21084
	20g. METHOD OF DISPOSITION 1/ Burlel 2 Cremation 3 Removal from State	20b. PLACE AND DA	TE OF DISPOS	SITION (Name of		OATE 200	LOCATION -		
	4 □ Donation 5 □ Other (Specify)	cemetery, crematory	or other place)	ran Ceme	terv	3-13-9		ppa,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22.	NAME ANO ADDRE	SS OF FAC	HUTY			
	GOLIGADO K MARS	71100 0	H	oward K.	McCc	omas III	Funer	al H	ome, P.A. d. 21009
	23. PART i. Enter the disesses, or complications that ca	used the desth. D	o not enter	the mode of dv	ing, such	an cardisc or n	apiratory a	rrest.	Approximate
	shock, or heart fallure. List only one cause iMMEDIATE CAUSE (Final	on each line.	/	-				.,	interval Between Onset and Death
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ì	resulting in death) a. DUE TO (OR	AS A CONSEQUENCE	E OF):	1					1290
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CERTIFICATION	if any, leading to immediate	AS A CONSEQUENCE	OF):						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE							
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음							3 2 NO		COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHE	26. PLACE OF C	EATH (Che	of only one)			
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9	3 Suicide S Could not be determined 28s. PLACE OF IN building, etc.	(Specify)	m, street, tec	tory, office		281. LOCATION (Str City or Town, S	eet and Numbi ale)	er or Hurai	Houte Number,
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2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (1	ype, Print)	-		/	1 7	111	1
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	31. DATE FILED (Month, Day, Year) 32/REGISTRAR'S	SIGNATURE		7	~/	, UNI	irrup	J.	-1 - 7
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-timin be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



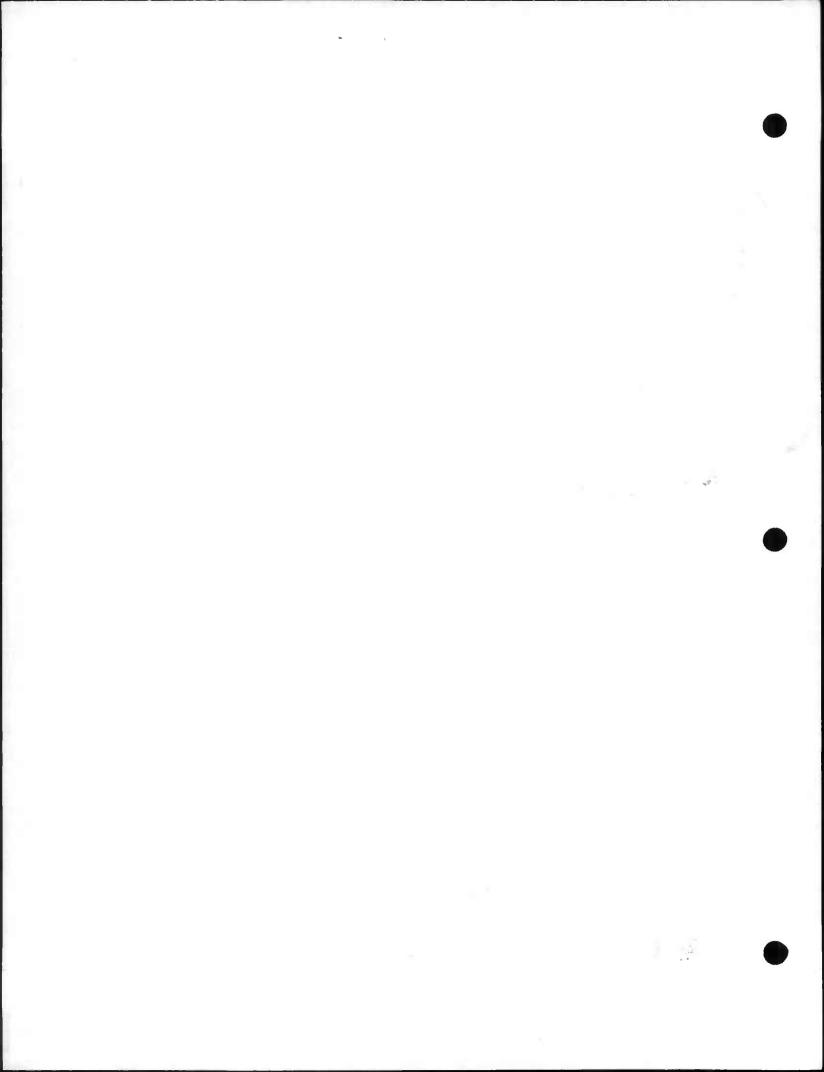
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE OF MARYLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND I	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATH
William Wesley Kidd		March 5,	1993 °	17:35
The state of the s	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
234-10-8631 1 € M 2 □ F 82 YRS. MONTHS.	DAYS HOURS MIN.	9/12/1910) F	Country) Sarmville, VA
9a. FACILITY NAME (If not institution, give street and number) 9b. CIT	Y, TOWN OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
	lkton		Ce	cil
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN	OR LOCATION			Last many arms
Ma 1 1 0 0 11	h East			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	101, ZIP CODE		10a CITIZEN	1 YES 2 NO
1351 Turkey Point Road	21901		U.S	
	. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Ve		. RACE — American Indian,
1 Nover Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexica 1 YES 2XXVO Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify: White
15. DECEDENT'S EDUCATION 18 DECEDENT'S USUAL C	VACUUM TION	16b. KIND OF BU		
(Specify only highest grade completed) (Give kind of work done	during most of working	166. KIND OF BU	ISINESS/INDUS	TRY
College (1-4 or 5 +) Salesman Salesman College (1-4 or 5 +) Salesman College (1-4 or 5 +) Salesman College (1-4 or 5 +) Salesman College (1-4 or 5 +) College (1-		Insur	ance	
17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	ME (First, Middle, Maider		
Isaiah Kidd	Rosie	ah		
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRES	S (Street and Number or Rural I		vn. State Zin Co	rde)
Florence W. Kidd P.O. Box				
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPO permetery, gematory or other place Hart's Cemete				or Town, State
	TY . NAME AND ADDRESS OF FA		rth Ea	st, MD
	rouch Funeral			
Morried 1. Notice 1:	27 S. Main St	t. North	East,	MD 21901
23. PART I. Enter the disesses, or complications that caused the death. Do not enter shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	omyoparh		iratory arrest	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	/			
d				
PART II. Other significant conditions contributing to death but not resulting in the u	nderlying ceuse given in	Part i. 24a, WAS AF		24b. WERE AUTOPSY FINDINGS
		PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
				OF DEATH? 1 YES 2 NO
		_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Che	eck only one)		
HOSPITAL: OTHE	R: rsing Home 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	RED
1 Natural 5 Pending 2 Accident Investigation	1 YES 2 NO			
3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, fac	tory, office	281, LOCATION (Street City or Town, State		Rural Route Number,
4 Homicide determined		Only or lown, orang	,	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the medical examiner. On the basic of examination end/or investigation, in my medical examiner.				ause(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUN	IBER	29d, DATE SI	IGNED (Month, Day, Year)
50	D 32395		▶ 3/5	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Thomas E. Finucan, M.D. 3 Mauldin Ave.	North Fact	. MD 2100	11	
J Haday III Ave.	MOLEH BASE	, 1111 2190	, τ	
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lis Knish A	-			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be interned by the hospital or attending physicial	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me burial. be filed within 72 hours after death with the State Deot, of Health and Mental Hygiere prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ATTENDING	AL DIRECTOR; After 72 hours after death	it item 28 is mai
TO THE HOSPIT	TO THE FUNER, be filed within 7	IMPORTANT:

11 LATHEL J. L. A. 31. DATE MARWO 4101993

											9	3 (7139
	1 - STATE REGISTRAR	STATE OF M	ARYLAND C	DEPAR	TMEN	T OF H	HEALTH DEAT	AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
'	Rose	Bernice		Kle	manı	n			MONT	03/019	93	YEAR	11:50a "
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)		ER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTHP	LACE (State or Foreign
	578-58-9350	1 M 2 KF	73	YRS.	MONTHS	DAYS	HOURS	MIN.	108	74719)	DC	
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CIT	Y, TOWN (OR LOCATIO	ON OF D	EATH		9c, COUI	NTY OF DE	ATH
8	290 Hillerest D	rive So	= 19b		Aı	cnold	E						undel
5	RESIDENCE OF DECEDENT		- 110								1		
DIRECTOR	NC 100. STATE 100. COUNTY	Υ		10c. CIT	Y, TOWN	or Local	nore	S					IOd, INSIDE CITY LIMITS?
FUNERAL	10. STREET AND NUMBER 280 Hillcrest D	rive				101	. ZIP CODE	279	949		10g. CITI		AT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AI	RMED	13	WAS DEC	ENDENT O	E HISDAI	NIC OBIGI	N? (Specify Yes	as No.	14 DAGE	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WI	YES 2 W	NO	- "	If yes, sp	ecify Cubar 2 NO	n, Maxica	in, Puerto	Rican, etc.)	or No-	Black,	- American Indian, White, atc. White
	15. DECEDENT'S EDU	CATION	16a. Di	ECEDENT'S	USUAL	CCUPATIO			100	. KIND OF BUS	1		
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(0	Give kind of v	vork done	during mo	st of working	g	100	. KIND OF BU	SINESS/INO	USTRY	
립		50mge (14 61 5 1)		Perso	nne.	1 Spe	ecial	ist		FCC			
COMPL	17. FATHER'S NAME (First, Middle, Last)					- 1.			MF /First	Middle, Maiden	Cumamal		
	Arthur Bielaski								Pau]		Surrieme)		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S /Street e				ber, City or Tow	- 04-4- 7/-	0.40	
2	Mrs. Suzan Gibb	25		578 B						arnold	n, State, Zip	MC	21012
	20s. METHOD OF DISPOSITION		20b. PLACE				-		DAT		247/24/		
	1 Donation 5 Other (Specify)	oval from State	cometery.cr	emetory or of	her place	orv	me or	2-	5-9:		onsvi		
	21. SIGNATURE OF FUNERAL SERVICE LIC		1,30 0.	//			ID ADDRES	S OF FA		495 I			
	Pri to	1	/	//									k MD 21146
_	corect												n ib ziiio
	23. PART I. Entar the disessee, or o shock, or heart failure.	complications that	ceused the da	eth. Do n	ot anta	r the mo	de of dyir	ng, eucl	h ee cer	diac or respi	ratory arr	et,	Approximate
	IMMEDIATE CAUSE (Final		2		1	_ /	201	110					Onset and Daath
	disease or condition reculting in death)	e.	12/	2UN	71	0	en	u				-,	
		DUE TO (OR AS A CONSE	OUENCE OF): /	1/1	111	0.	11	uta	Cha	4	1
Z		b			(all	7	YV	Wia	100	100	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF):			1					
\ <u>8</u>	CAUSE (Disease or Injury	с											
표	that initiated avents	DUE TO (OR AS A CONSE	OUENCE OF):								
E	resulting in deeth) LAST	d											
0	PART II. Other significent condition	s contributing to d	laath but not a	meulting i	n the m	oderlylog	. course of	luca la	Don't I			1	
CA				recurring in	ii tiid Ui	indarrynng	r cause gi	iven in	Part I.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
-										1 YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
									_			1	YES 2 NO
MEDICAL									- 1				
AN: MED													
CIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL					ACE OF DE	ATH (Che	eck only on	10)			
YSICIAN: MED		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		-		eck only on				
PHYSICIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 I	NJURY	28b. TIME	4 Nu	R: rsing Home 28c, INJL	5 Res		8 🗆 Othe		JURY OCC	URED	
PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2 I	NJURY		4 Nu	R: rsing Home 28c. INJL WOI	5 Res	ildenca	8 🗆 Othe	r (Specify)	LIURY OCC	URED	
BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	1 Inpatient 2 I 28a. OATE OF II (Month, Day 28a. PLACE OF	NJURY ; Year) INJURY At ho	28b. TIME	4 - Nu	R: raing Home 28c, INJL WOF t Y	JRY AT RK?	ildenca	8 Othe 28d. DES	r (Specify) CRIBE HOW IN			te Number,
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 I	NJURY ; Year) INJURY At ho	28b. TIME	4 - Nu	R: raing Home 28c, INJL WOF t Y	JRY AT RK?	ildenca	8 Othe 28d. DES	r (Specify)			te Number,
ED BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	1 Inpetient 2 1 28e. OATE OF II (Month, Day 28e. PLACE OF building, at	NJURY (, Year) INJURY — At ho ic. (Specify)	28b. TIME INJU	OF JRY M	R: rsing Home 28c. INJL WOF t Y tory, office	JRY AT RK?	NO NO	8 Othe 28d. DES 28t. LOC City	CRIBE HOW IN ATION (Street a or Town, State)	nd Number (or Rural Rou	te Number,
ED BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSIK	1 Inpetient 2 Inpe	NJURY , Year) INJURY — At ho ic. (Specify) ny knowledge, de	28b. TIME INJU	4 Number of JRY M	R: rsing Home 28c. INJL WOF t Y tory, office	Res JRY AT RK? ES 2	NO and due	8 Othe 28d. DES 28t. LOC. City	CRIBE HOW IN ATION (Street a or Town, State)	nd Number (or Rural Rou	
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpetient 2 Inpe	NJURY , Year) INJURY — At ho ic. (Specify) ny knowledge, de	28b. TIME INJU	4 Number of JRY M	R: rsing Home 28c. INJL WOF t Y tory, office	JRY AT RK? ES 2	NO NO and due	8 Othe 28d. DES 28t. LOC City to the cautime, data	CRIBE HOW IN ATION (Street a or Town, State)	nd Number of	or Rural Rou d.	nd menner as stated.
ED BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSIK	1 Inpetient 2 Inpe	NJURY , Year) INJURY — At ho ic. (Specify) ny knowledge, de	28b. TIME INJU	4 Number of JRY M	R: rsing Home 28c. INJL WOF t Y tory, office	Res JRY AT RK? ES 2	NO NO and due	8 Othe 28d. DES 28t. LOC City to the cautime, data	CRIBE HOW IN ATION (Street a or Town, State)	nd Number (or Rural Rou d.	nd menner as stated.

PLETED CAUSE OF DEATH (ITEM 279(5/PO, Print)

		97
BALTIMORE, MARYLAND 21215-0020	5 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Tritis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The With the State Death of Health and Memal Housian prizer to hurtal creamation or reasonal.	e medical examiner must be notified at once.
N OF VITAL RECORDS, P.O. BOX 68760,	5 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de ir this certificate has been signed by the attending physician and completely filled in by the full with the State Day of Health and Mental Avaisan price to hurtal creamstan or connection.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ETED

COMPL

BE

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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31. DATE FILED (Month, Day, Year)

MAR 0 4 1993

32. REGISTRAR'S SIGNATURE Julia Davidoon Kondare

marked.

After

TO THE HOSPITAL DR ATTO THE FUNERAL DIRECTED BE filed within 72 hours at IMPORTANT: If Item 2

DIRECTOR: A hours after d 60

DR ATTENDING PHYSICIAN: The law require

DIVISION

CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH DAY DECEDENT'S NAME (First, Middle, Last) EDNA 3. TIME OF DEATH 10:05 A Μ. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 221-09-5963 1 M 27 F 83 2-13-10 DL 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? DL Sussex Milford 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 455 Kings Highway 19963 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yee, specify Cuben, Mexicen, Puarto Ricen, etc.)

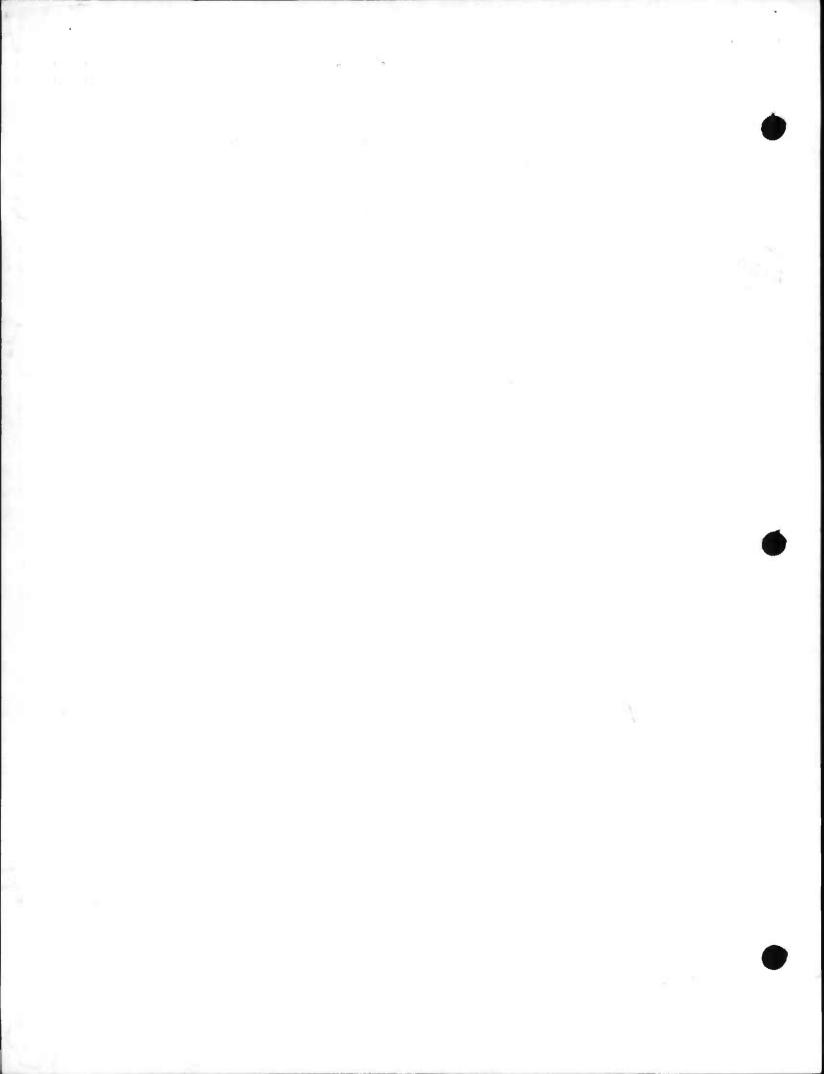
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 □ Divorced Specify. White 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) 11 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Luther P. Warren Ida <u>V</u>. Moore 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Barbara Pierce 956 Woodland Circle, Annapolis, MD 21401 20e. METHOD OF DISPOSITION

| Burial 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE oemetery cremetory or other place)
Odd Fellows Cemetery 3/5/93 Milford, DL 21. SIGNATUBE OF FUNERAL SERVICE LIGHNSEE 22. NAME AND ADDRESS OF FACILITY Barranco & Sons Funeral Home 495 Ritchie Hwy., Severna Park, MD21 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on each line. Approximsta Intarval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition RESPIRATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): AGM 6771A ALZHGMBY Sequentially list conditions, if any, isading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evanta resulting in dasth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL . OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNED OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 33757 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHARLGE SGAGGA mo ZC 9 PGN FAMM Rd ANOLD M!

Value San your San Arren

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reta	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 si	
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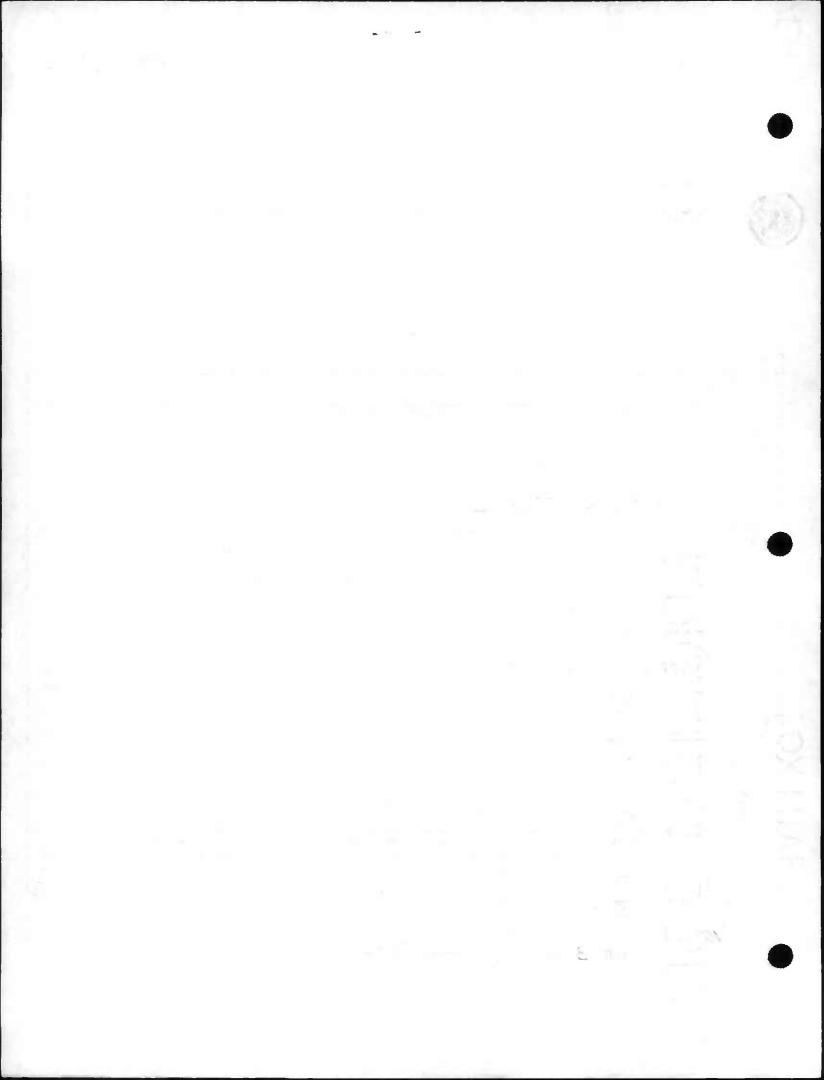
		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE 3. NO.	0,
	1	1. DECEDENT'S NAME (First, Middle, Last)	IGENE	Klyn	K		2. DATE OF DE	ATH 7 - 199 T	3. TIME OF DEATH
D	1	4. SOCIAL SECURITY HUMBER 213-38-7167	1 M 2 F 51		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1/8/4	TH 8.	BIRTHPLACE (State or Foreign Country) Vland
Pages 1, 2, 3 should	TOR	9a, FACILITY NAME (If not institution, offered	erreet end number) " 2MOCIAI	405p /	CITY, TOWN	OR LOCATION OF DI	ora ce	9c. COUNTY	/ /
Pages 1.	FUNERAL DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Har	ford		own on Local	TION			10d. INSIDE CITY LIMITS? 1 (本YES 2 □ NO
		100. STREET AND NUMBER 334 Center Deen	Avenue		10	1. ZIP CODE 21001		10g. CITIZEN	OF WHAT COUNTRY?
0 A B	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	CENDENT OF HISPAI ecity Cuban, Mexics 2 X NO Specif	NIC ORIGIN? (Spei	cify Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
or attend	PLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+) 2 1/2	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Collecti	done during mo tired.)	ost of working		OF BUSINESS/INDUS	
the hospital detached fo once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	22	WITECLI	.OII Mai.	18. MOTHER'S NA			art onion
ould be	BE	Eugene Louis Klu 194. (NFORMANT'S NAME (Type/Print)	nk	19h MAII ING AD	OBESS (Street			ise Graha	
y be retained bage 5 should be notified	5	Mrs. Minnette Kl	unk					en, Maryl	
Page 6 may be retained by it director, page 5 should be ner must be notifled at		20s. METHOD OF DISPOSITION 15 Burisl 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF D			DATE 2	Mhite Hal	or Town, State 1, Maryland
rs after death. Page 6 may be n by the funeral director, page removal. edical examiner must be i		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE . M. CO. FO	M MA	22. NAME A	nd address of fa	Funera	1 Home, P 21001-339	.A.
		23. PART I. Enter the diseases, or cannot shock, or heart fellure.	complications that caused List only one ceuse on ea	the deeth. Do not					
ed within 24 hou ompletely filled I if, cremation, or event, the me		IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. STAGE TO DUE TO (DR AS A	V LU	4G C	ANCE	R		Onset and Death
8 5 - 6	LION	Sequentielly list conditions, if any, leading to immediate	CACHE.						3monilss
the death certificate be executed the attending physician and confidental Hygiene prior to burial injury, or other traumatic	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
the death of the attend of Mental His	CE	PART II. Other significant condition	s contributing to death by	it not regulting in the	ho undorbilo	a sausa aluan In	Boot I Go u		
- 5 -	MEDICAL	PANCYTOP			ie dideriyir	g cause given in	P	VAS AN AUTOPSY PERFORMED? YES 2 X NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
law requires las been sign Dept. of Heal 23 shows	AN: M						-		1 TES 2 TO NO
SICIAN: The certificate ha the State D d, or Item 2	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		THER:	ACE OF DEATH (Ch			
F with S	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OI INJURY	28c, INJ WC	HURY AT DRK? YES 2 NO		HOW INJURY OCCUR	ED
DIRECTOR: After the hours after death item 28 is mark	8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Special	— At home, farm, stree	t, factory, offic	•	281. LOCATION (City or Town	Street and Number or F , Stete)	Bural Route Number,
	COMPLET		CIAN: To the best of my knowle R: On the basis of examination						puse(e) and menner as stated.
TO THE HOSPITA TO THE FUNERA DE filed within 72 IMPORTANT: I	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	M	D .		D 318	56	13	GNEO (Month, Day, Year)
		1200 BRASS	MILL K	TH (ITEM 27) (Type, Prin	B	ELCAN	op m	02/01;	7
		MAR 04 393	32 MEGISTRAN'S SIGNA	Mandall					
									DHMH-16 Rev 1/89



a mount and useful, rage of may be retained by the most	no or removal	e medical examiner must be notified at once.	
10 THE HUSPING LANDING PHYSIAN IN BENEFIT AND THE CONTINUES TO SECURITIZE TO SECURITIZ	LO THE FUNEMAL DIRECUENT, After this Sethiological has been signed by our cancerning physician has been only our an Example of the second section of the second section of the second section of the second section of the second The section of the s	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND	DEPARTMENT OF	F HEALTH AND	MENTAL HYGIENE
C	ERTIFICATE C	F DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I			HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last Hilda F. Kane)				2. DATE OF MONTH 02		YEA 93	
4. SOCIAL SECURITY NUMBER 214-30-8295 9e. FACILITY NAME (If not Institution, give William Hill Man	1 M 2 K F C	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN East	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF (Month, D NOV 1.	3, 189	<u>α</u>	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			r, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 501 Dutchmans L	ane		100	H. ZIP CODE 21601		10	-	OF WHAT COUNTRY? SA
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPAR pecify Cuban, Maxica S 2 M NO Specify	n, Puarto Rici		- ((RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EG (Specify only highest gra- Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	Ille. Do NOT us	vork done during m		16b. KI	Home	ESS/INDUSTF	
17. FATHER'S NAME (First, Middle, Last)		TIONIC	III.C.L	16. MOTHER'S NA	ME (First, Mick		name)	
Edward A. Fulle	r			Mary A	A. Wel	ls		
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				p)
Nancy K. Sandoe			-	worth, Ne	-	4		
20e. METHOD OF DISPOSITION 1	moval from Stata	b. PLACE AND DATE cemetary, crematory Capitol C	or other place) remator	y 2/20	0/93	Dove		or Town, State
21. SIGNATURE OF FUNERAL SERVICE	Fellows		Fell 413	ows-Wells High St.	s Fune Chest	ertown	,MD 2	1620
23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Interval Betwee
PART II. Other significant conditi	one contributing to death	but not resulting	in the underlyi	ng cause given in		4a. WAS AN AU PERFORME	D?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only one)			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OVHER:	me 5 🗆 Rasidence	6 🗆 Other (Specify)		
27. MANNER OF DEATH Netural 5 Pending Netural Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY Y	JURY AT YORK? YES 2 NO	28d. DESCI	RIBE HOW INJU	JRY OCCURE	ED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR	IY — At home, farm, ecify)	street, factory, of	ice	26f. LOCAT City or	ION (Street end Town, State)	Number or R	tural Route Number,
one)	YSICIAN: To the best of my kno							use(a) and menner as stated.
29b. SIGNATURE AND TUTLE OF CERTIF	19/2 7 /	`	M	29c. LICENSE NU	MBER	2	9d. DATE SK	SNED (Month, Day, Year)
-1110	Kellern	a a	(N)	D41503			10	120/9
M. A. Bielecki			21601	. ~ 12700				, ,
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG		indell					



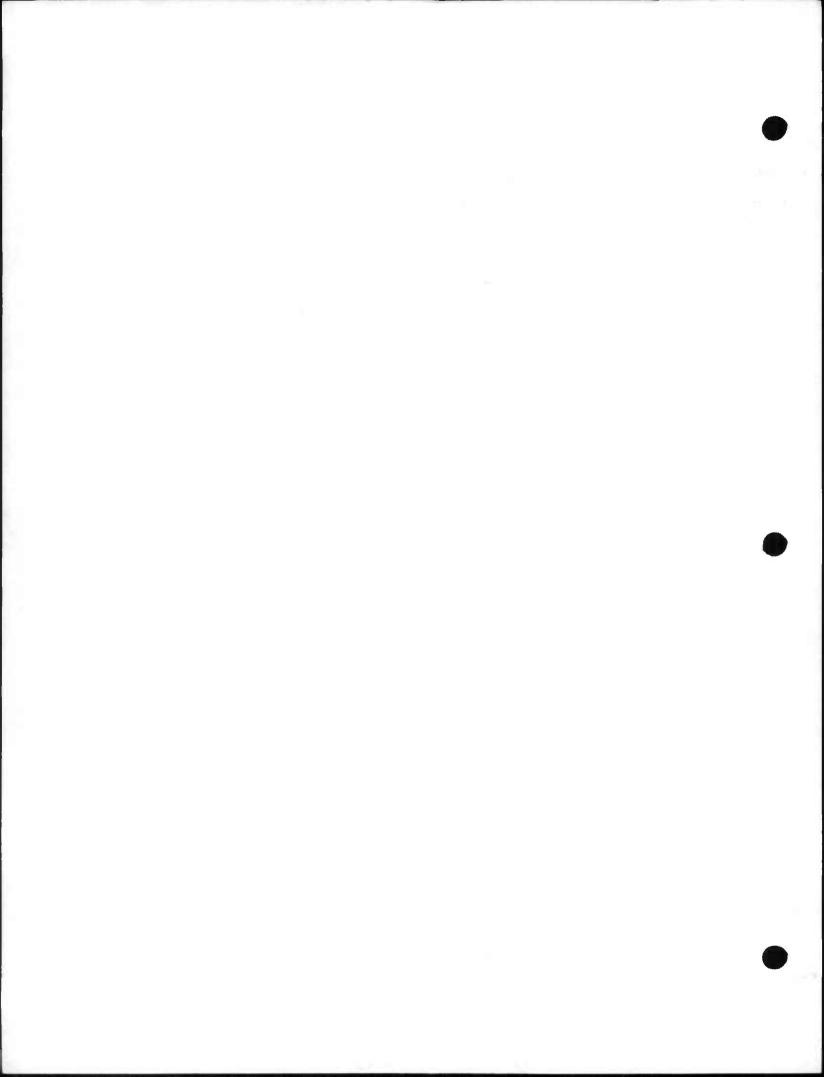
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		permit.
020	physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. In
9	2	皇
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7	HE .	150
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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	detached f
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Σ	90	dire
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B	ter c	#

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	DR AT	DIREC	E E
	TAL	RAL (=
	HOSP	FUNE	IANT
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a filled within 72 hours after death with the State have refused and Mandal Man	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	2	22	3

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
			ERTIFICATE	OF	DEAT	ГН		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				HYGIENE REG. NO.		
1	DECEDENT'S NAME (First, Middle, Last) AMALTA	7.47				2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	· · · · · · · · · · · · · · · · · · ·	ARIS In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	<u>-27-93</u>	T	8:30 P M
q	219-48-8258	1 □ M 2 💥 F 88	MOI	THS DAYS	HOURS MIN.	3-25-	lay, Year)	Coun	HPLACE (State or Foreign try) bania
- 1	9a. FACILITY NAME (If not institution, give s			CITY, TOWN	R LOCATION OF D			COUNTY OF	
DIRECTOR	Arcola Nursing Ho	ome & Rehab.C	enter	Wheat	on			lontgo	nerv
RE	10e. STATE 10b. COUNTY	r	10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
		gomery	Sil	ver Sp	ring				1 X YES 2 NO
4	10e. STREET AND NUMBER			101	ZIP CODE		109	. CITIZEN OF	WHAT COUNTRY?
FUNERAL	13809 Town Line				20906			Greec	e
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPA			o- 14. RAC Blac	E — American Indian, ck, White, etc.
B	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES TE		2 NO Specif			Spec	
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USU	AL OCCUPATION	DN .	16h KI	ND OF BUSINES	S/INDUSTRY	White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life, Do NOT use re	done during mo tired.)	st of working	1000	NO OF DOGINES		
뢰	12	0	Homemal	cer			At Hom	ne	
į į	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd			
BE	George Ch	ristou			Ava	thea	Unob	tainal	ole
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street a	nd Number or Rural	Route Number,			20906
٦	Helen Retzos		14510 H	Homecre	st_Road	Silve	r Sprin	ng, Mar	yland
	20e. METHOD OF DISPOSITION 1'D Buriel 2 Cremation 3 Rem		PLACE AND DATE OF D		me of	OATE	20c. LOCATIO	ON — City or T	own, Stata
	4 Donation 5 Other (Specify)	G	ate of Hea	ven Ce	metery	3-12-93	Silver	Spri	ng M.D.
	21. SIGNATURE OF FUMERAM, SERVICE LIC	2/			Rinaldi		al Home		20904
	· W).	m							ing,Maryland
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death of the condition of the condition of the condition of the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								
AL CEH	PART ii. Other significent condition	ds contributing to deeth b	ut not resulting in th	ne underlying	cause given in	Part i. 24	e. WAS AN AUTO		WERE AUTOPSY FINDINGS
MEDIC						_ 1	PERFORMED		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
3	EXAMINER?	HOSPITAL:	01	HEA.	ACE OF DEATH (Ch				
2	1 YES 2 4-NO	1 Inpetient 2 ER/Outp	atient 3 DOA 4-8	Nursing Hom	e 5 🗆 Residence				
2	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WO	RK?	28d. DEŞCR	IBE HOW INJUR	Y OCCURED	
2	2 Accident Investigation	28a. PLACE OF INJURY	- At home form street	<u> </u>	ES 2 NO	001 1 00171	201 /0		
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Speci	ily)	, ractory, offic		City or 1	ON (Street and No lown, State)	umber or Rural	rioute Number,
COMPLE		CIAN: To the best of my knowl							a) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI				O (Month, Day, Year)
	Myron Z	×011	Buil a	un	0066	74	290	2/2	8 /57
2	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type, Prin	" 230	09 SH	ORE	AEU	20	10
	MYRON L. LE			WM	LATTON	me	D		
	MAR 03 'Q3	32. BEGISTRAR'S SIGNA	ATURE And SE			- 12			



		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE O	F DEATH	REG. NO).			
1	1. DECEDENT'S NAME (First, Middle, Last) HELEN S.	LARK			2. DATE OF DEATH MONTH	190	3. TIME OF DEATH AR 15:59 PM		
	218 240 219 1 DM 2 XF	8. AGE (In yrs. last birthday) VRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Morth, Day, Year)		BIRTHPLACE (State or Foreign Country) IARY LAND		
TOR	9a. FACILITY NAME (If not institution, give street and number) WASHINGTON ADVENTS RESIDENCE OF DECEDENT	ST HOSP.	TAKO	NOR LOCATION OF DE		MON"	OF DEATH TGOMERY		
DIRECTOR	MARYLAND MONTGOMER		Y, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	7600 MAPLE AVENUE			101. ZIP CODE 20912		10g. CITIZEN	of what country?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	EVER IN U.S. ABMED YES 2 100 R OR DATES	If yes,	eCENDENT OF HISPAN apacify Cuban, Mexican ES 2 NO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: AUCASIAN		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us	vork done during	TION most of working	16b. KIND OF BI	USINESS/INDUST	7		
MP	9	CAS	HIER			MOVIE I	HEATER		
BE CO	17. FATHER'S NAME (First, Middle, Last) FRANK ROBERTS			18. MOTHER'S NAI	ME (First, Middle, Meide EVELYN		MMONS		
2	19a. INFORMANT'S NAME (Type/Print)		-	ot and Number or Rural R					
	JOHN L. HOCKMAN 20s. METHOD OF DISPOSITION	428		ESWORTH TE		AIRY, M			
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	PARKLAWN	mer placa) MEMORT	L PARK 3	1. 1	OCKVILL			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	A M00091	22. NAME	AND ADDRESS OF FAC	HILLY		20910		
	23. PART I. Enter the diseases, Dr complications that	caused the death. Do n	ot enter the r	node of dying, such	as cardiac or resi	oj SLLV	ER SPRING, MD.		
	IMMEDIATE CAUSE (Final disease or condition	o on each line.	Dure				Interval Between Onset and Death		
ŀ	resulting in death) DUE TO (OR AS A CONSCOUENCE OF):								
NO.	Sequentially list conditions, if any, leading to immediate								
₹ I	CAUSE (Disease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST d	PR AS A CONSEQUENCE OF	ገ ፡						
- 11	PART II. Other significant conditions contributing to d	eath but not resulting i	n the underly	ing cause given in			24b. WERE AUTOPSY FINDINGS		
DICAL	Revent Galine				PERFO	PIMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: ME	Desluted mellins hisuli Dapatet								
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SIC	EXAMINER? 1 YES 2 DINO HOSPITAL: 1 Inpetient 2 E	ER/Outpatient 3 DOA	OTHER:	ome 5 🗆 Residence					
	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day,	IJURY 28b. TIMI	URY	NJURY AT MORK? YES 2 NO	284. DESCRIBE HOW	INJURY OCCURE	:D		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route City or Town, State)						ural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one)								
	2 MEDICAL EXAMINER: On the basis of example of example of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of example of the basis of example of the basis of example of the basis of example of the basis of example of exa	mination and/or investigatio	n, in my opinion			T			
TO BE	Chitonio F. ly	~ ·		D1514	6	▶ 3 2	SNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAPSE 354 University But	W SUL	nov 8	my	my 200	201			
	31. DATE FILED (Month, Day, Year) MAR 03 93 32. DEGISTRAR	s signature		,					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

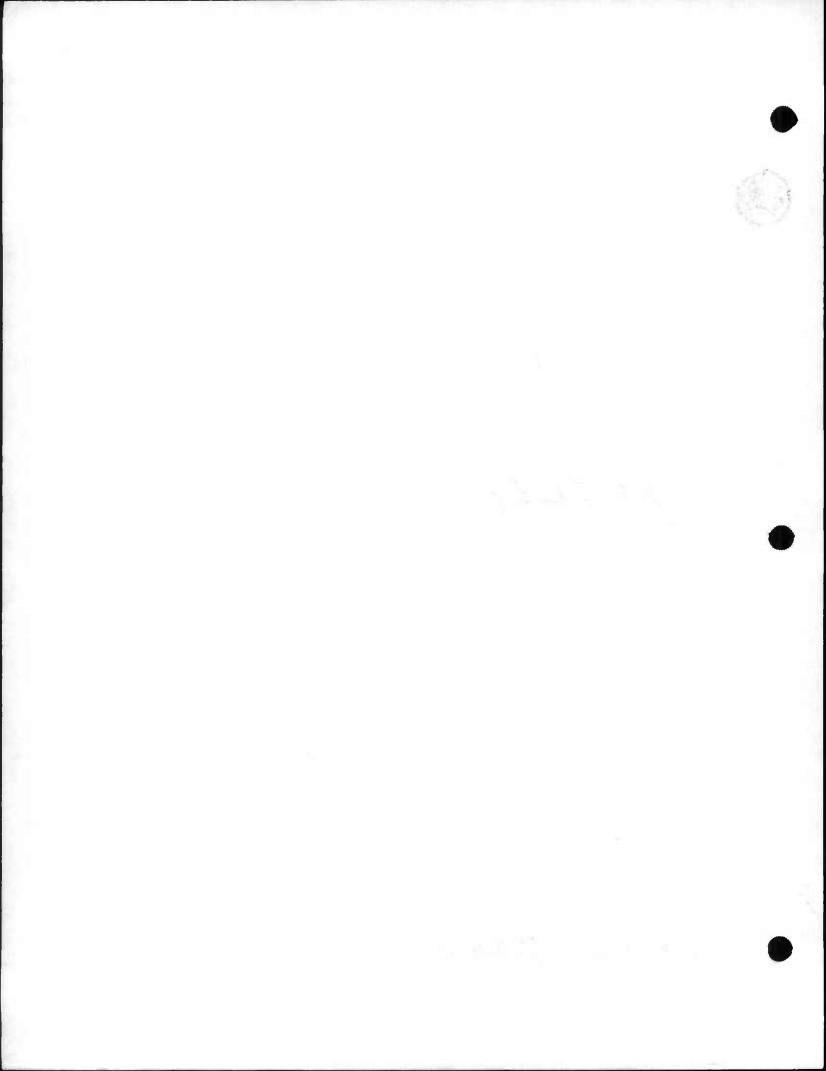
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

	1 - STATE REGISTRAR	OTALL OF W	CE	RTIF	ICATE C	F DEA	TH	MENIAL TIGIEN			
	1. DECEDENT'S NAME (First, Middle, Last							2. DATE OF DEATH	· ·		3. TIME OF DEATH
	JOSEPH	Α.		I	EE			Feb. 24,1	993	YEAR	1:30 A. M
	4. SOCIAL SECURITY NUMBER 579-10-4672	5. SEX 1 [X] M 2 [] F	8. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEA		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 7,1	910	Country	PLACE (State or Foreign nington, D.C
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOV	N OR LOCATE	ON OF DE		_	INTY OF DE	
DIRECTOR	5307 Willard Ave	enue			Chev	Chas	е		Mon	tgome	ery
EC.	10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LO	CATION	_				10d. INSIDE CITY
	Maryland Mont	gomery			Chevy	Chase			LIMITS?		
IA	10e. STREET AND NUMBER					101. ZIP COD	E		10g. CITIZEN OF WI		
ÿ	5307 Willard Ave			20815					U	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N								
8	15. DECEDENT'S ED	JCATION			USUAL OCCUP			16b. KIND OF BU	SINESS/INI		LLE
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)											
MP.	computer operator Treasury Department						ment				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maiden			
BE	Wyatt A. Lee	· · · · · · · · · · · · · · · · · · ·						a K. Shea			
2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow			
3307 Willard Ave., Chevy Chase, Md. 20815											
1	20e. METHOD OF DISPOSITION 1 DI Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Cate of Heaven Cem., Feb. 26, 93						DATE 20c. LO	CATION —	City or Tow	vn, State	
ì	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Joace	or u	28 NAME	AND ADDRES	SS OF FA	40,93 51]	lver	Sprin	ng,Md.
Devoi Funeral service licensee 2. NAWE AND ADDRESS OF FACILITY Devoi Funeral Home 2222 Wisconsin Ave., N.W., Wash., D.C.2							C.20007				
	23. PART I. Enter the disesses, or	complications that	caused the dea	th. Do r	not enter the	node of dyl	ing, suci	h ss cerdlec or resp	Iratory sr	rest,	Approximete
IMMEDIATE CAUSE (Final						- 2				Interval Between Onset and Death	
	disease or condition reaulting in death)	· Cerel	non	ale	~ T	hro	4	me			1 day
	DUE TO (OR AS A CONSEQUENCE OF):										2 0
S S	Sequentially list conditions, Due to (on as a consequence of):									- year	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING				5.0						
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSEQ	UENCE OF	P)±						
E	resulting in death) LAST	d									
	PART II. Other significant condition	na contributing to d	eath but not re	sulting	in the underly	ina cause o	dven in	Part I. 24s. WAS AN	AUTÓREV	Lan	WERE AUTOPSY FINDINGS
₹				ounting	ar are arraorry	my cause y	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
								1 YES 2	ON 🕮	- -	OF DEATH?
≥								-			1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF D	EATH (Che	eck anly one)			
SI	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 (DOA	OTHER:	ome 5 Notes	eldence	S ☐ Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF IN		28b. TIM	E OF 28c.	NJURY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	reer)	INJ	M 1	WORK?	NO				
	3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY — At horr	e, Jerm, s	street, lectory, o	fice		281. LOCATION (Street a City or Town, State)	and Number	or Rural Ro	oute Number,
	4 Homicide determined							City or lown, State)			
COMPLETED	29e. CERTIFIER CCERTIFYING PHYS	tCIAN: To the best of m	y knowledge, dea	th occum	ed at the time, d	ete end place,	end due	to the cause(s) and mar	nner as stat	ted.	
§ ∥	one) 2 MEDICAL EXAMIN	ER: On the baels of exa	mination end/or in	vestigatio	n, in my opinio	, death occur	ed at the	time, date and place, en	d due to th	ne CEUSe(e)	end manner se stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	n _/				29c. LICE			29d. DAT	E SIGNED (Month, Day, Year)
TO B	much	Kuz	- 1	10		D	30	794	▶ F	EB.24	,1993
F	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)						
	MICHAEL KEEGA	N, M.D.,	5401 WES	STERI	N AVE.,	N.W.,	WASH	INGTON, D.C	200	015	
	31. DATE FILED (Month, Day, Year) MAR 04 '93	32. REGISTRAR	S SIGNATURE								
	CALIFORNIA NO DE DE DE DE	Millia Daire	Som Rand	100							



DHMH-16 Ray 1/8



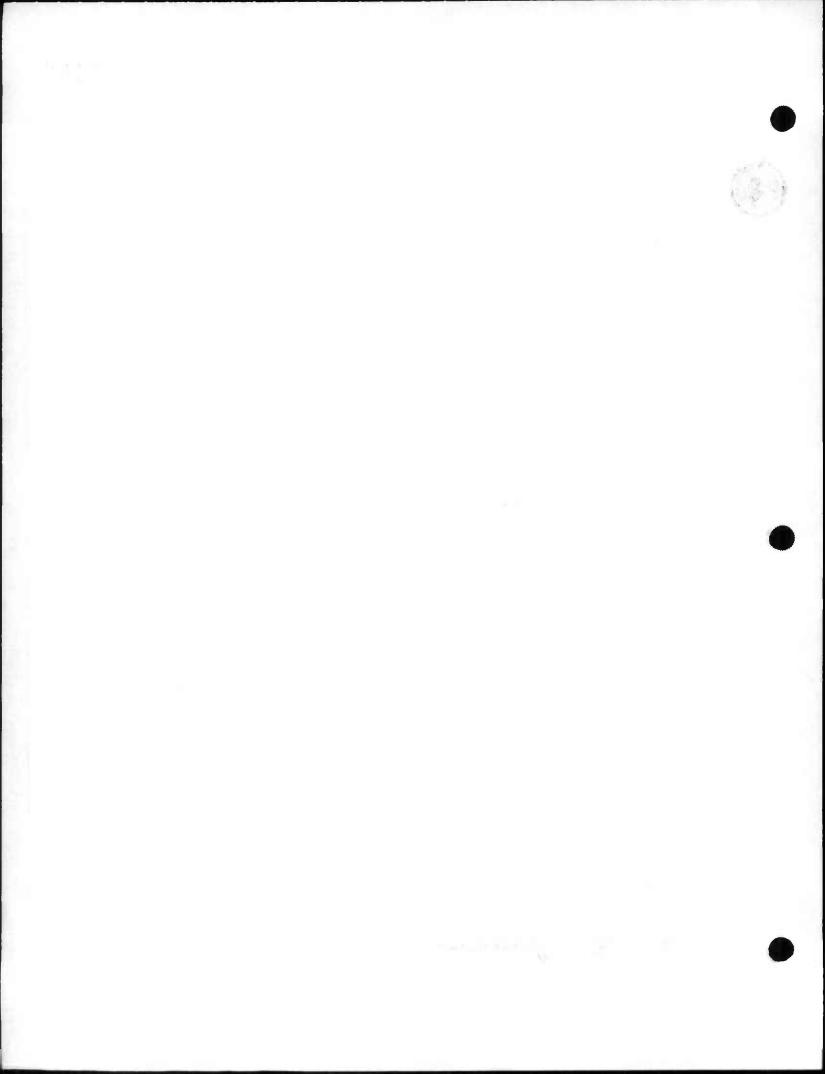
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Peg held within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	F DEA	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEA	TH
	Luther	Wilson		asur				MONTH 2	25		93	8:50	AM
		5. SEX 6	6. AGE (In yrs. last		IF UNDER 1 YEAR		1	7. DATE OF E	BIRTN		8. BIRTH	HPLACE (State or F	
		1 M 2 F	92	YRS.	MONTHS DAYS	HOURS	MIN.	2/19/			Countr	yland	
	9e. FACILITY NAME (If not institution, give stre	eet and number)			96. CITY, TOWN	OR LOCAT	ION OF DE		1701		NTY OF D		
DIRECTOR	12501 Galway Dr.				Silve	r Spr	inq				tgame		
ž	10e. STATE 10b. COUNTY			10c. CIT	TY, TOWN OR LOC	ATION						10d. INSIDE CIT	Y
	Ill. Kane	4		Au	rora							LIMITS?	
Y	10e. STREET AND NUMBER					101. ZIP CODE	E			10g. CITI	IZEN OF Y	WHAT COUNTRY?	
FUNERAL	216 Blackhawk Str	eet				60	506		1	U.5			
5	11. MARITAL STATUS	40 WHE DECEMENT	EVER IN U.S. ARI	MED	13. WAS D	ECENDENT O	OF NISPANI	NIC ORIGIN? (S	Specify Yes		14. RACE	E — American Indi	lan.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	R OR DATES	5	If yes, i	specify Cubs ES ZX NO	an, Mexican	in, Puerto Ricar	n, etc.)		Speci	k, White, etc.	
	15. DECEDENT'S EDUCA	ATION	16e. DEC	CEDENT'S	B USUAL OCCUPAT	TION		16b. Kiř	ND OF BUS	SINESS/INC	USTRY	YVLLE	
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	ne kind of v Do NOT u	work done during n ise retired.)	nost of working	ng				00		
로	5 yrs.	gonege 1.		spect	tor				'ac (~			
o	17. FATHER'S NAME (First, Middle, Last)			11000	J.	16. MOT	HER'S NAI	ME (First, Middle	as Co				
	Brady Leasure							Boden	By	Jun			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILINC	O ADDRESS (Street	and Numbe	La L	SOCIETI Pouts Number, (City or Town	- State, Zip	Code)		
임	Owanda Arms											~ -	
	20e. METHOD OF DISPOSITION		20b. PLACE AF	ND DATE	Galway OF DISPOSITION (STIVE	er Spr		CATION —			
	1 Buriel 2 Cremation 3 Remov	/al from State	cametary, crem	matory or of	other place) Ve Cemet			1					
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	15ugar	GLU	ZE CELES	AND ADDRES	SS OF FAC	7all auty	Suga	ar Gr	ove	III.	
1	1.21	111						orgward	dt F	mera	al Ho	nme.	
	W.D. G.	eises			440	OO POW	refow	Mill I	a ba	Rolte	2325 1 1	le. Md.2	0705
	23. PART I. Enter the diseases, or con ahock, or heert fallure. Lit	mplications that clist only one cause	saused the dea on each line.	ith. Do r	not enter the m	ode of dyl	ing, such	1 as cardiac	or reapir	ratory arm	est,	Approxim	ate
	IMMEDIATE CAUSE (Final											Onset and	
	resulting in death)	CHYLUR	VIC C	165	TRUCT	100	PU	ULMON	VARICE	1 1	150	150	
	disease or condition resulting in death) a. CHRONIC OBSTRUCTIVE PULMONAMY DISONST DUE TO (OR AS A CONSEQUENCE OF):												
NO N	Sequentially list conditions, b.	DUE TO (OI	HTTM/	A									
FA	If any, leading to immediate				•	2 -							
는 기	CAUSE (Disease or Injury C.	DUE TO (OI	AS A CONSEC	VIN	INOM	1						-	
Ē	that initiated events resulting in death) LAST	*** · · · · · · · · · · · · · · · · · ·	R AD A CONC	JENUC U.	7:								
CERTIFICATION	d.												
	PART II. Other eignificant conditions	contributing to de	eath but not re	auiting	In the underlyi	ng cause (given in F	Part I. 24r	a. WAS AN A		24b	. WERE AUTOPSY F	
DICAL									PERFORM			AVAILABLE PRIOR COMPLETION OF C	TO
								_ ''	YES 2	NU		OF DEATH?	
PHYSICIAN: MEI								-				1 YES 2 1	NO
M	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DE	EATH (Che	-ch only one)					
Sic		HOSPITAL:	D/Outpetlant 3	□ DO4	OTHER:								
ξI	27. MANNER OF DEATH	28e. DATE OF IN.	JURY	28b. TIMI	4 Nursing Ho	NJURY AT	· · ·	26d. DESCRIB		THEY OCC	**IBED		
- 11	1 Natural 5 Pending	(Month, Day,	Year)		JURY W	VORK?		20u. DEGOTIL	E HOW AND	JUNT CCC	UNED		
à	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF	INJURY — At hon	ne term,	street, factory, offi			26f. LOCATION	the (Connel o	- Atumbar	- Donal 6	- Minchae	
COMPLETED	4 Nomicide determined	building, etc	:. (Specify)	No.	diser, see			City or Toy	own, Stele)	IO Number	Of Pittings	100R0 Numues,	
7	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of m	y knowledge, deal	th occurr	ed at the time, da	te end place	, end due f	to the cause(e	and men	ner as state	ed.		
ON I	one) 2 MEDICAL EXAMINER:) and menner se s	tated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						ENSE NUMB						
#	L'aniani	- 0	1.		1	7	17/	125.		290, UNIL	SIGNED	(Month, Day, Year)	,
ᄋᆘ	30/NAME AND ADDRESS OF PERSON-WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Nos	Drinti A A		1/1-	#= 40			1	20-13	-
	Lawrence Libu	MK.M.	D. 24.	15	Muss	bue	RdF	#208	ilve	Sor.	ms	Mdze	404
	31. DATE FILED (Month, Day, War) 12. REGISTBAR'S SIGNATURE Fuha Day down And ste												



1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First,)	Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
HE	RMA	N H. L	OW.	ELL			MTHOM OZ 20	AV A	1993	12:57 PM
4. SOCIAL SECURITY NUMBER	R	1 ((In yrs. las	"	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTH	PLACE (State or Foreign
069-12-2953	titution, give s	1 M 2 F	74	YRS.	b. CITY. TOWN	OR LOCATION OF DE	April I	_	18 J	apan
Holy Cross	s Hos	pital				Spring			tgon	
RESIDENCE OF DECE	EDENT									
	Montgo			NIV 1	er Spri					10d. INSIDE CITY LIMITS? 1. YES 2 NO
100. STREET AND NUMBER 11200 Lockwood	od Dr:	ive #1403	-			0904		10g. CIT		VHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT EVER	IN U.S. AR	MED	13. WAS DEC	CENDENT OF HISPAI	NC ORIGIN? (Specify W	s or No-	14. RACE	- American Indian,
1 Never Married 2 No		FORCES? 1 🖳 YES IF YES, GIVE WICH OR I	DATES	1 0		ecify Cuban, Mexica 2 NO Specifi	n, Puerto Rican, etc.)			White etc.
15. DECE	DENT'S EDU	CATION	16a. DE	CEDENT'S US	UAL OCCUPATI	ON	16b. KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-1	(Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+)									
17. FATHER'S NAME (First, Mid	idle, Last)					16. MOTHER'S NA	ME (First, Middle, Maldel	Surname)	-	
Nat Lowell						Clara H				
19a. INFORMANT'S NAME (Typ							Route Number, City or To			
Victor A. Lo	well		3	324 B1	rittan	Ave. #2	San Carlo	s, Ca	lifo:	rnia 94070
20s. METHOD OF DISPOSITION 1 Buriel 25 Cremation 4 Donation 5 Other (5	3 🗆 Rem	oval from State Ce	metery, cre	matory or other	DISPOSITION (N	ame of itory 2-2		entwo		
21. SIGNATURE OF FUHERAL			L	THEOTI			Funeral			ild.
(Louis	X	4.X	_							
	/ 1.0	- runs			11800	New Ham	pshire Av	e. Si	.lver	Spring, Md.
23. PART . Enter the dis	eases, or o	complications that cause	d the de	eth. Do not						Spring, Md.
23 FART Enter the dis shock, or hed IMMEDIATE CAUSE (Fine	ert fellure.	complications that ceuse List only one cause on	d the de	eth. Do not						
immediate cause (Fine disease or condition	ert fellure.	complications that ceuse List only one cause on	ed the de	eth. Do not						Approximate interval Between
immediate cause (Fina	ert fellure.	complications that cause List only one cause on a. DUE TOJOR AS	la la	·						Approximate interval Between
IMMEDIATE CAUSE (Fina disease or condition resulting in death)	ert fellure.	a. DUE TO DR AS	LU A COMSEC	DUENCE OFF						Approximate interval Between
immediate cause (final immediates or condition resulting in death) Sequentially list condition if any, leading to immediate conditions.	ens, late	a. List only one cause on	LU A COMSEC	DUENCE OFF						Approximate interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAR 03 '93

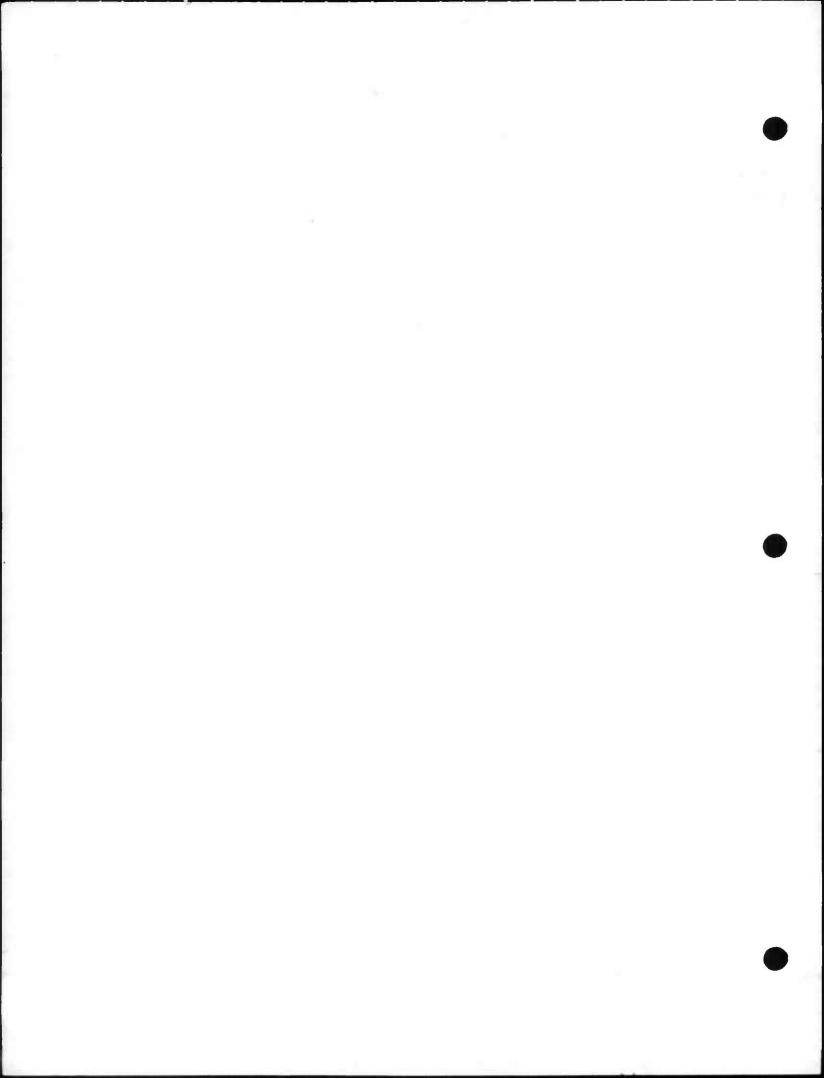
32. REGISTRAR'S SIGNATURE
Julia Davidson Rondall

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL BEG

20

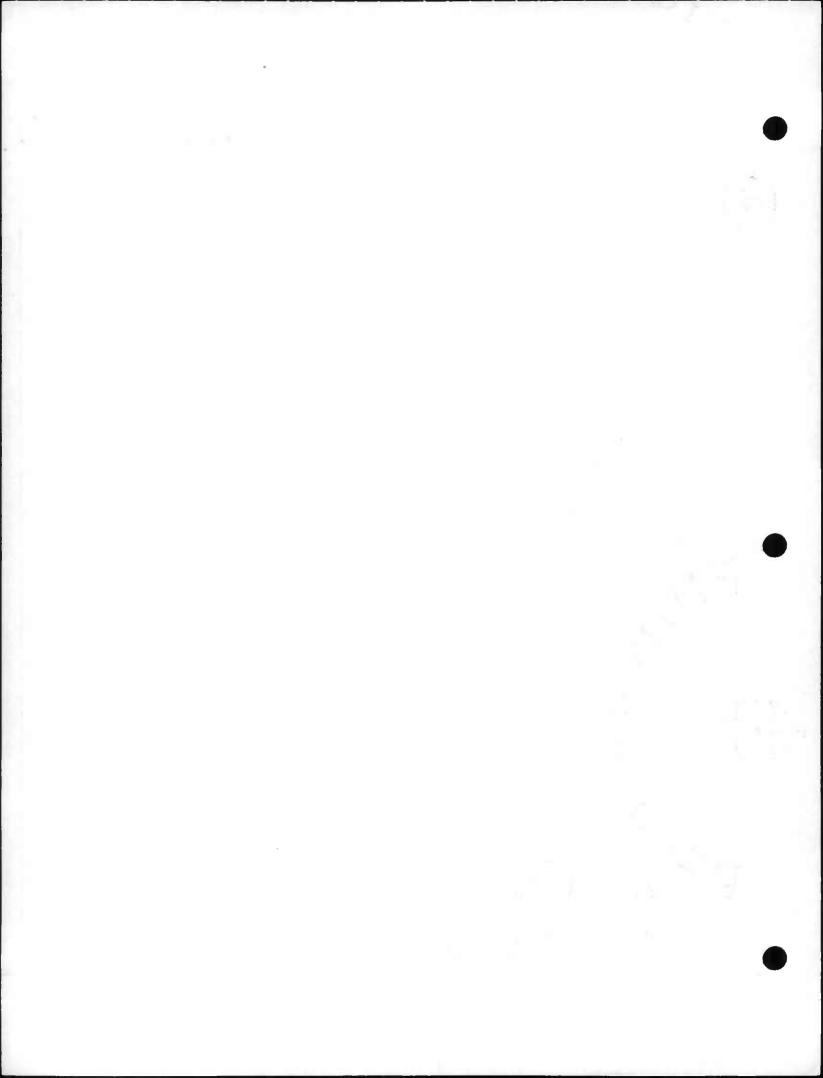
DHMH-16 Rev 1/89



LANE	y the hosp	be detached	once.
DAL HMORE, MARTLAND	e retained b	5 should I	notified
JONE,	e 6 may be	ector, page	must be
ALIE	death. Pag	funeral dir	examiner
0	hours after	or removal	medical
500	within 24	pletely fill cremation.	rent, the
Consider the course, F.O. Box 60160,	e executed	an and com	umatic ev
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	the death of	the attend d Mental H	Injury, or
1001	equires that	in signed by	nows any
7	The law re	ite has bee ate Dept. o	em 23 st
	HYSICIAN:	vith the St	ted, or It
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	AL OR ATT	L DIRECTO	If Item 28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	2	2 3	室

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT OF H		MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, La	nst)					2. DATI	E OF DEATH			3. TIME OF DEATH
		LILLIAN CA	THERT	NE LAP	ORTE		MON		1002	YEAR	1.10 P
- 8	4. SOCIAL SECURITY NUMBER			last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	+	FEB 23		BIRTI	1:19 M
ı ê	070 22 10/6	1 M 2 F		YRS.	MONTHS DAYS	HOURS MIN,	(Mon	th, Day, Year)		Counti	γ)
	079-22-1046 9a. FACILITY NAME (If not institution, gi	ive street and number)	80		OL CUTY TOWN	R LOCATION OF D		P 28 1			W YORK
œ							EATH		9c. COUNT		
2	NATIONAL NAVAL	MEDICAL CE	NTER		BETI	IESDA			1	INON	GOMERY
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION					ION					10d. INSIDE CITY
<u>۾</u>	MA DATE AND	101man mn1									LIMITS?
	MARYLAND 100. STREET AND NUMBER	MONTGOMERY			SILVER S						1 TES 2 NO
¥ I	Ne. STREET AND NOMBER				101	. ZIP CODE			10g. CITIZ	EN OF V	VHAT COUNTRY?
FUNERAL	3705 BETHNAL W					20906				LTEL	STATES
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPAN 1 Never Married 2 W Married 14. WAS DECEMENT OF HISPAN 17. WAS DECEMENT OF HISPAN 18. WAS DECEMENT OF HISPAN 19. WAS DECEMENT OF HISPAN 19. WAS DECEMENT OF HISPAN 19. WAS DECEMENT OF HISPAN 10. WAS DECEMENT OF HISPAN 11. WAS DECEMENT OF HISPAN 12. WAS DECEMENT OF HISPAN 13. WAS DECEMENT OF HISPAN 14. WAS DECEMENT OF HISPAN 15. WAS DECEMENT OF HISPAN 16. WAS DECEMENT OF HISPAN 17. WAS DECEMENT OF HISPAN 18. WAS DECEMENT OF HISPAN 19. WAS DECEMENT OF HISPA								s or No	14. RACI	E — American Indian, k, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				2 NO Speci		riscani, etc.)		Speci	Hy:
											WHITE
ш	15. DECEDENT'S I (Specify only highest g		16a.	(Give kind of w	USUAL OCCUPATION OF COME done during mo	N st of working	16	b. KIND OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		ille. Do NOT us	e retired.)						
COMPL		4		НОМЕМА	KER/ART	IST					
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Meiden	Sumame)		
BE	ALEXANDER K	ONESNI				TTTT	TAN	SCULLY			
- 1	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a				n, State, Zio C	Code)	
2	TOUTE D TADORT	E.	F					SPRIN			0006
1	LOUIS R LAPORTE 37.05 BETHNAL WAY ST 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION // Name of					OAT		CATION — C	-)906	
1	1\(\) Buriel 2 \(\) Cremation 3 \(\) Removal from State					1					
	4 Donation 5 Other (Specify) ARLINGTON NATIONAL 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F						3/	Z ARL	INGTO	V, VI	RGINIA
	(:/- N							S FUNE	RAL HO	ME.	INC.
	FRANCIS J. COLLINS FUNERAL H 500 UNIVERSITY BLVD., W. SIL.										
	23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SEPSIS	- SEV	ine.	CIDOSIS	de of dying, suc	ch as car	disc or resp	iratory arre	st,	Approximate Interval Between Onset and Death
CEHIIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	MALNUT DUE TO (OF	RITIO R AS A CONS OROSI	N SEDUENCE OF):						
- 11	PART II. Other significant conditions	tions contributing to de	eth but no	ot requision is	n the underlying	. course short le	Dort I		AUTOROV	T	
¥		don't bolling to be	atti bot no	or resulting i	in the dilderlying	cause given in	Part I.	24a. WAS AN PERFO		240	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC								1 TYES	г [Жио		OMPLETION OF CAUSE OF DEATH?
žΙ											1 TES 2 NO
HYSICIAN:											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C	neck only o	ne)			
ž	1 TES 2 NO	HOSPITAL:	R/Outpatient	3 🗆 DOA	OTHER:	5 🗆 Residence	6 C Oth	er (Specify)			
	27. MANNER OF DEATH	28a. DATE OF IN.	JURY	28b. TIME				SCRIBE HOW	NJURY OCCL	JRED	
	1 Natural 5 Pending	(Month, Day,	Year)	INJ		RK? 'ES 2 NO					1
	2 Accident Investigation		M.H.HEV A4	home form o	treet, factory, office		004 4 64	0.000			
3	3 Suicide 8 Could not	building, atc	. (Specify)	ricine, term, p	dreet, factory, office			CATION (Street or Town, State)		r Hurel F	toute Number,
ij											
COMPLETED		IYSICIAN: To the best of my IINER: Dn the bests of exam) and manner as stated.
	296. SIGNORTURE AND TITLE OF CORTE		***								
H H	X OLLA X	MAN	110			MD-046		T. (DA)	29d. DATE	SIGNED	(Month, Day, Year)
2 ⊪	30. NAME AND ADDRESS OF PERSON	- WXI	1000						1	TI	721375
	J. CAMBRIOL AUGHESS OF PERSON	mind completely cause	OF DEATH (I	TEM 27) (7)00.		NATIONAL				CEN'	ľER
Į,	D. PAGE, LT,	MC, HANR	10			BETHESDA	MD	20889-	5600		
	MAR 03 993 Fishe Asymptotics State Asymptotics S										



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DIVISION OF ALL AL DECONDS, 7.O. BOA 60/60,	SSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after
	ATTENDING
5	DR
_	SPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_		1 - STATE REGISTRAR	Ontile of mattre	CERT	FICAT	E OF	DEAT		RENIAL D	G. NO.			
1. DECEMENT'S NAME (First, Middle, Last) SONIA						BLIN	I		2. DATE OF DOMONTH FEB.		19	YEAR 93	3. TIME OF DEATH 8:30 A M
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. lest birthde		R 1 YEAR	IF UNDER 24	_	7. DATE OF BI	RTH	7	6. SHETH	IPLACE (State or Foreign
		215-26-2422	1 M 2 DF	94 YRS	MONTHS	DAYS	HOURS	MIN.	JULY J		898	Countr	WSSIA
		9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CIT	Y, TOWN Q	R LOCATION					NTY OF D	
}	DIRECTOR	POSIDENCE OF DECEDENT	158-WH	gruy	2	IV	er,	Spi	RING		Y	101	HOOMERY
	Ä	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT								10d. INSIDE CITY			
	ā	D.C. NONE			W	ASHI	IGTON						LIMITS?
	AL	10e. STREET AND NUMBER				101.	ZIP CODE	**			10g. CIT	IZEN OF V	VHAT COUNTRY?
	E	2870 UPTON ST	. N.W.				20	8000				11.5	5.A.
	FUNERAL		12. WAS DECEDENT EVER IN	U.S. ARMED	13.	WAS DECI	NDENT OF	HISPANIC	C ORIGIN? (Sp	ecify Yes	or No-	14, RACE	- American Indian.
	B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES				cify Cuban.		Puerto Rican,	etc.)		Speci	white, orc.
	ETED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDEN	I'S USUAL O				16b. KIND	OF BUS	INESS/IN	DUSTRY	
	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NO	use retired.)	during mos	t or working						
eš	<u>=</u>	12		ВО	OKKEE:	PER				FO	DD C	0.	
once	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME	E (First, Middle,	Maiden 5	Surname)		
100 E	BE	MAX	SHARNOFF			_		CLA	RA	1	4AZO	R	
=	2	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	NG ADDRES	S (Street er	d Number or	Runal Ro	ute Number, Cit	ly or Town	, State, Zij	Code)	
be notified	-	ELLA KRUCO	FF	S	AME	AS]	TEM	#10					
2		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remov		PLACE AND DA					DATE	20c. LOC	ATION —	City or To	wn, State
Ē		4 Donation 5 Dther (Specify)		HAMBER	S"CREI	HOTAN	RY 3	3/1/9	93	RJ	VER	DALE	MD.
=	1	21. SIGNATURE OF FUNERAL SERVICE LICES	IBEE /	2	22.	NAME AN	ADDRESS	OF FACIL	LITY				00010
EX		1 24:41. (Ka	MURREUL	MOO	าดา	W	CHAMI	REBG	CO T	MC	CTTI	מינות	20910 SPRING, MD.
medical examiner must		23. PART I. Enter the diseasea, or co	mplications that caused	the death. D									Approximate
event, the med		shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cerebral Vascelar Accident Oue TO (OR AS A CONSEQUENCE OF):								Interval Between			
traumatic	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury)											
or other	CERTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):								
Injury,		PART II. Other significant conditions	contributing to death b	ut not resultir	a in the u	nderlying	cause giv	en in Pr	art i 24a	WAS AN A	MITTOPSY	24h	. WERE AUTOPSY FINDINGS
any ir	JICAL	Hyper tews	4 1							PERFORM	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	MED	Condiance	- X/	ich A	5. 11	1 100	(.://	4.	- , ¹ ⁻	YES 2	NO		OF DEATH?
		-corazonegop	aluy wi	CH ST	real	770	rella	110,	~				1 TYES 2 NO
23	IAN	25. WAS CASE REFERRED TO MEDICAL				28 PI	CE OF DEA	TH (Chort	k only one)				
E	PHYSICI	EXAMINER?	HOSPITAL:	atlent 3 🗆 po	OTHE	R:			Other (Spe	-16.3			
9	Ĕ	27. MANNER OF DEATH	26e. DATE OF INJURY	-	IME OF	28c. INJU			28d. DESCRIBI		JURY OC	CURED	
- 22	_	1 Natural 5 Pending	(Month, Day, Year)		INJURY M	WOE						OUNED	
E	B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, far	n, street, fac		- 0	-	28f. LOCATION	(Street as	nd Numbe	or Burni F	Inute Number
28		4 Homicide 8 Could not be determined	building, etc. (Spec	ify)					City or Tow		ra vvarnos	0	
		290. CERTIFIER 1 X CERTIFYING PHYSICIA	AN: To the best of my knowl	adas doub see									
IMPORTANT: If	COMPL		On the basis of examination) and manner as stated.
E	ш	296. SIGNATURE AND TITLE OF CENTIFIER	,	2 1			29c. LICENS	SE NUMB	ER	\top	29d. DAT	E SIGNED	(Montp., Day, Year)
IMP	0	1. heel /ke	med,	m D	1		11.	310	アフ)	2/2	7/93
	임	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (7)	rpe, Print)	57.	N.C.). /	Janki)	11×-	/	7/	2003/
		31. DATE FILED (Month, Day, Year)	32. REGISTMAR'S SIGNA					10		1910	- 4	, , ,	200 20
		MAR 03 '93	gulia Davidse	- March	22				,				

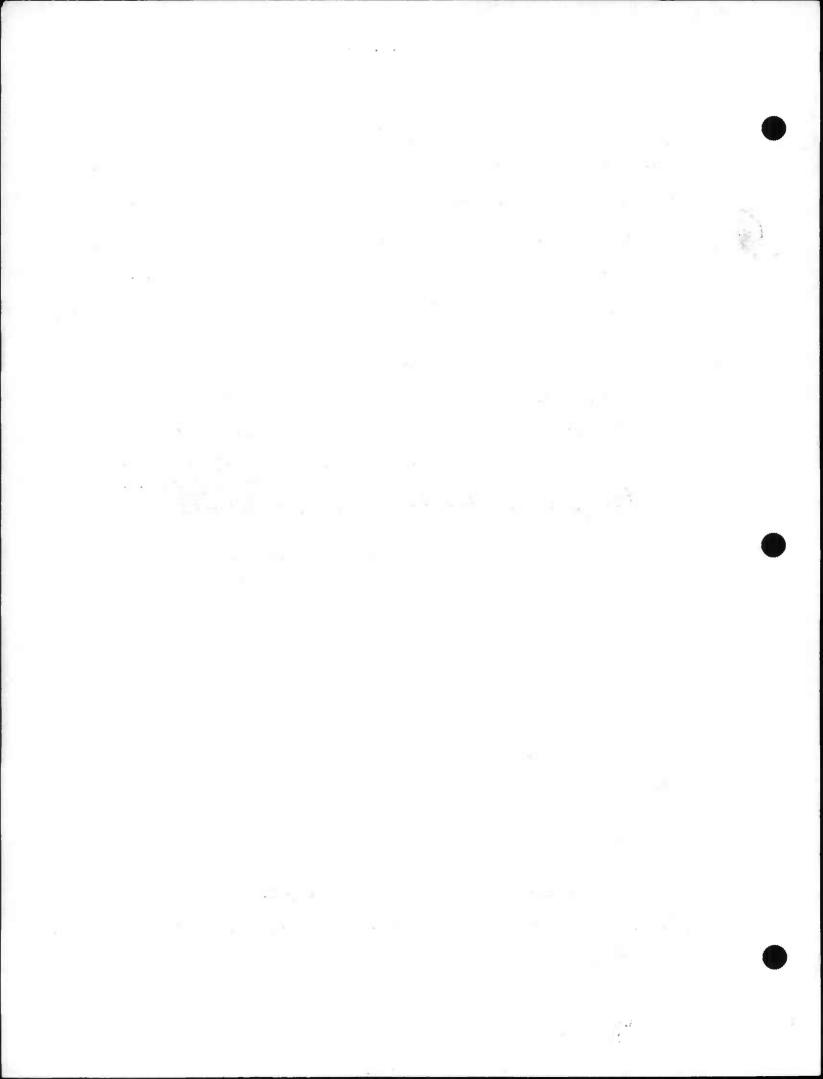
- 10 C TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

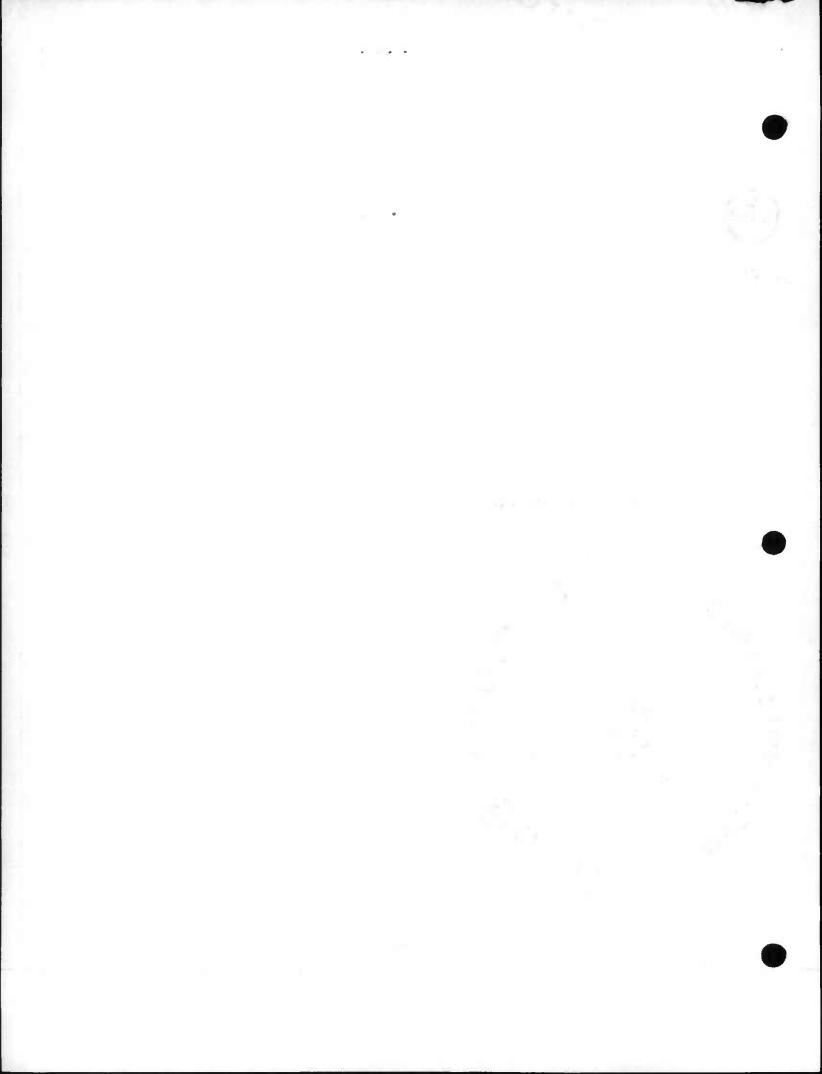
1 - STATE REGISTRAR	STATE STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
1. DECEDENT'S NAME (First, Middle	Last)	/			2. DATE OF DEATH	3. TIME OF DEATH		
FRANCES	Horn	Lei	MAIR	F	MONTH C	AY O	YEAR	17 48 M
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	E IMPER 14 MRC	7 DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
411-46-1709	1 □ M 2 🏹 F	60 YRS.	ONTHS DAYS	HOURS MIN.	May 27, 1	932	Country)	essee
9e. FACILITY NAME (If not institution	, give street and number)	9	b. CITY, TOWN O	LOCATION OF DEAT		_	TY OF DEA	TH
	l of Cecil Cou	nty	Elkton			Ceci	1	
RESIDENCE OF DECEDER	OUNTY	40.0074	TOWN OR LOCATI					
	ecil	Elki		ON				Dd. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		DIK		ZIP CODE		10g CITIZI		X YES 2 ☐ NO AT COUNTRY?
300 Abbott Dr:	ive			21921		U.S		
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECE	NDENT OF HISPANIC	ORIGIN? (Specify Ye			- Amarican Indien, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYE			city Cuban, Mexican, 2 X NO Specify:	Puerto Rican, etc.)		Black, V Specify:	
								White
15. DECEDENT (Specify only highes	S EDUCATION t grade completed)	18a. DECEDENT'S US (Give kind of work	k done during mos		16b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use in						
17. FATHER'S NAME (First, Middle, La		Homema)	ker					
Leroy !			1		(First, Middle, Maider			
19a. INFORMANT'S NAME (Type/Print		10h MAN ING AT	ODESS (Street or		Mary Ruth ute Number, City or Tov			
Lisa Hemrick							20de)	
20e. METHOD OF DISPOSITION		Ob. PLACE AND DATE OF			1	21921 CATION — CI	ty or Town	State
1 1 Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify		emetery, cremetory or other Woodlawn (13-111			ennessee
21. SIGNATURE OF FUNERAL SERV		1			T Funeral			
1 Po	1, 5 01	inhel	103 7	Vest Stoc	kton Stre	eet	Α.	
23. PART I. Entar the disease.	or complications that cause	reper	Elkto	on MD 2	1921-552			
shock, or heart fa	liure. List only one cause on	each line.	antar tha mod	e or dying, auch	as cardiac or resp	iratory arre	st,	Approximata intarvai Between
iMMEDIATE CAUSE (Final disease or condition	10	was C			1.			Onset and Death
reaulting in death)	a	A CONSEQUENCE OF):	1/2/1/07/	190 par	79			
	- om	A CONSCOULAGE OF).			l			
Sequentially list conditions, if any, leading to immediate	Ь.	A CONSEQUENCE OF):						
cause. Entar UNDERLYING CAUSE (Disease or injury	,							
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST	d							
PART ii. Other aignificant con	ditions contributing to death	but not resulting in	the underlying	cause given in Pr	art i. 24a. WAS AN	LAUTOREY	245 W	ERE AUTOPSY FINDINGS
		The state of the s	are underlying	cadae given in re	PERFO		A	AILABLE PRIOR TO OMPLETION OF CAUSE
					1 □ YES	NO 🗌 NO		F DEATH?
					-		1	YES 2 NO
25. WAS CASE REFERRED TO MEDIC	CAL		26 Pt /	CE OF DEATH (Check	t not one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:					
27. MANNER OF OEATH	28e. OATE OF INJUR	Y 28b, TIME C	F 28c. INJU	5 Reeldence 8	Bd. OESCRIBE HOW	NJURY OCCU	IREO	
1 Naturel 5 Pending) INJUR	Y WOR					
2 Accident Investig	28s. PLACE OF INJU	RY At home, farm, stre			81. LOCATION (Street	end Number o	r Rural Rout	te Number,
4 Homicide determin		эвспу)			City or Town, State,			
29e. CERTIFIER 1 CERTIFYING one) 2 MEDICAL EX	PHYSICIAN: To the best of my kno AMINER: On the basis of examinet	owiedge, death occurred a	nt the time, data a	nd place, end due to	the cause(e) end ma	nner as stated	l. ceuse(e) ar	nd manner as stated,
29b. SIGNATURE AND THILE OF CO				29c. LICENSE NUMBI				onth, Day, Year)
$\langle \rangle$	1			0323	395		161	200 000
30. NAME AND ADDRESS OF PERSO	N-WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	ine)	1/	- (
31. DATE FILED (Month, Day, Year)	TINUCA	N M.	\supset	NoR	th 1	=A.57	<i>_</i>	Md
MAR 0 9 1	93 Fulia D	widson-Aandel	2					
	- 0	1-0-1						



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to detached the complete of the complet	De med within 72 hours after death with the State Dept. Or regult and wenter byters prior to burket, the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	within	pleteh	be they written 2, from state death with the State Dept, or regain and wentar hygiene prior to burial, cremation, or enroval, IMPORTANT: If frem 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical expenses the modifical or the state of
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STATE OF MARYLAND / DEPARTMENT OF HE	
CERTIFICATE OF	DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGI REG.				
20000	1. DECEDENT'S NAME (First, Middle, Lest)	Charles L.	Lewter			2. DATE OF DEATH		YEAR 3	TIME OF DEATH	
9		∑ M 2 □ F 7	73. Jest birthday) IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Yea Jan. 21,	1920	o. BIRTHPL Country) Dela	ACE (State or Foreign Ware	
DIRECTOR	MERCY HOSP.	and number)	96. CITY, TOWN OR LOCATION OF DEATH DAIL MOYE (1)			City	Bal	e City		
		ore City	100	timore				Dd. INSIDE CITY LIMITS? X YES 2 NO		
FUNERAL	611 South Charles		101	21230		U.S		WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	₽ 🔀 NO	If yes, sp	ENDENT OF HISPAN acity Cuban, Mexica 2 X NO Specify	n, Puerto Rican, etc.		Black, V	- American Indian, White, atc.	
COMPLETED			e. DECEDENT'S USI (Give kind of work life. Do NOT use re Truck	done during mo tired.)	N st of working		BUSINESS/IND	USTRY		
OMI	10 17. FATHER'S NAME (First, Middle, Linst)				18. MOTHER'S NA	ME (First, Middle, Me				
BE (Robert Lewi	s, Sr.	1				unknow			
2	19a. INFORMANT'S NAME (Type/Print) Arlantha L. Johns	on			nd Number or Flural F Road, Apt				19711	
	20a. METHOD OF DISPOSITION 1	20b. PL	ACE AND DATE OF D ry, crematory or other A. Ferri	ISPOSITION /Na	me of	BATE 200	LOCATION - (City or Town	, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		T. ICIII	7	DADDRESS OF FM	11993			,	
	Donue &	Hicks		103	West Sto	ckton St	reet			
	23. HART.I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. infected hip prosthes is DUE TO (OR AS A CONSEQUENCE OF):									
ERTIF	CAUSE (Disease or injury that initiated events resulting in desth) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significent conditions of COPO, CVA	not resulting in t	DEDECOMMENO					24b. WERE AUTOPSY FINDINGS AWAIL ABILE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ack anly one)				
YSIC	1 - YES 2 X NO 1)	OSPITAL: Inpetient 2 - ER/Outpetie		THER: Nursing Hom	5 🗆 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Wo	RK?	28d. DESCRIBE H	OW INJURY OCC	:URED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be 289. PLACE OF INJURY — At home, ferm, attreet, factory, office 281. LOCATION (Street and Number or Rural Roun								
COMPLETED		N: To the best of my knowledg							nd menner es stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MSIX/AU	~		29c. LICENSE NUM D 42842		12	-2	lonth, Day, Year) 7 - 93	
-	Joung Kim M3	1510	301	Manin St. Pa	, Dept o	f Med., I	Mercy More, MI	Medica 2120	l Center	
31. DATE FILED (MORITO, Day, Your) 32. BEGISTRAR'S SIGNATURE MAR 0 3 93 301 St. Paul Place, Baltimore, MD 2120										



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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF I		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Nhe				2. DATE OF DEATH MONTH DA	92	S. TIME OF DEATH	
	THE THE RESIDENCE OF THE PARTY.		yrs. iest birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign		
	216-05-8158	M 2 □ F	87 YRS. MONTHS DAYS HOURS MIN.			8-13-1905	Country) Maryland		
-	9a. FACILITY NAME (If not institution, give street		9b. CITY, TOWN	OR LOCATION OF DI	EATH	OF DEATH			
DIRECTOR	Baltimore Co. Gen.		Ran	dallstown	n	altimore			
EC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION		10d, INSIDE CITY			
H	Maryland Balt:		Pikesv	ille		LIMITS?			
	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?	
FUNERAL	220 Brightside A	ve.	21208				U	.S.A.	
5		. WAS DECEDENT EVER IN U FORCES? 1 YES	I.S. ARMED	13. WAS DE	CENDENT OF HISPAI	VIC ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 ANO Specify	n, Puerto Rican, etc.) V:		Specify:	
	15. DECEDENT'S EDUCATI	ON I	4- DECEDENT'S	USUAL OCCUPATI	011	Lan uma an au		White	
	(Specify only highest grade con	opleted)		work done during m		16b. KIND OF BUS	iness/indus	TRY	
립	12	onege (1-4 or 5+)	Fore	eman		Armo	o Ste	el	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden :	Surneme)		
ш	William J. Linker				Sara	ah Ann Grin	nes		
6 6	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town			
٦	Miriam E. Linker		220 E	Brightsi	de Ave. 1	Pikesville,	e, MD. 21208		
	20s. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)				ark Cem. 3-1-1993 Woodlawn, Md.				
1	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME A	ND ADDRESS OF FA		-		
	I. South Ec	blando		11605	Reister	ral Chapel stown Rd. (wings	Mills Md. 211	
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest.								
	Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Approximate interval Between the control of t								
	disease or condition resulting in death)	STrot	30.1	RUCE	ral t	MOML	2051		
	SOCIALITY OF THE STATE OF THE S	DUE TO (OR AS A CO	ONSEQUENCE OF	F):					
NO	Sequentielly list conditions, b	DUE TO (OR AS A CO	ONSEQUENCE OF	D.					
Ä	If any, leading to immediate cause. Enter UNDERLYING		ONOLUGENOL O	· <i>y</i> .				i I	
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A CO	ONSEQUENCE OF	F):					
ERTIFICATION	resulting in death) LAST								
O	PART II Other significant conditions c	ontributing to death but	not resulting	In the underlyin	g cause given in	Part i. 24s. WAS AN	MITTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL	Deteoarthi	itis		,		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
<u></u>	Assluthing	M				1 YES 2	KÍ MO	OF DEATH?	
	111 1001 1001 0					_		1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
Sic		OSPITAL: Inputient 2 - ER/Outputk	ent 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)			
훒	27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE NOW IN	JURY OCCUR	RED	
Β¥	Netural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, a	atreet, factory, offic	•	28f. LOCATION (Street at City or Town, State)	nd Number or	Rural Route Number,	
COMPLETED	4 Nomicide determined								
AP.		: To the bast of my knowled							
Ö	2 MEDICAL EXAMINER: D	n the basis of examination s	nd/or investigatio	on, in my opinion, o	leath occured at the	time, date and place, and	due to the c	suse(s) and manner as stated.	
BE (290 SIGNATURE AND TITLE OF CERTIFIER	m &	. 0 .	MA	29c. LICENSE NUN	MBER OF THE O	29d. DATE S	IGNED (Month, Day, Year)	
© Cleralita M. Davike MP D36872 1 2/26/93									

32. REGISTRAR'S SIGNATURE
GENE DAY SOON TO THE STATE OF THE SERVIC

31. DATE FILED (Month, Day, Year)

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10/0		FOR 1 STATE	STATE OF MARYLAND /	DEPAR	TMENT OF H	IEALTH AND I	MENTAL HYGIEN	93	07153
		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	RENDA LOUISE	RTIF	ICATE OF LEWIS		REG. NO). 2/20/93	AR I
		4. SOCIAL SECURITY NUMBER 456-86-0589	5. SEX 8. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/27/49	8. 8	BIRTHPLACE (State or Foreign Country) DUKHART, TX.
	ECTOR	9a. FACILITY NAME (If not institution, give si WASHINGTON ADVENT				PARK, M.		P.G.	
	E O		COUNTY		Y, TOWN OR LOCAT	MARYLAN	D		10d. INSIDE CITY LIMITS? [X] YES 2 NO
in. ansit perm	VERAL	100. STREET AND NUMBER 9939 GREENBELT RO)AD APT #302		1.2	20706			OF WHAT COUNTRY? D STATES
INTILAND AIAIS-0020 The hospital or attending physician. The detached for use as the burial-transit fed at once.	BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED IO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: LACK
	IPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th	completed) (Gillifie.	CEDENT'S We kind of a Do NOT us ERK	USUAL OCCUPATION OF retired.)	ON ist of working	D.C. GO	VERNME	
	BE COMPL	17. FATHER'S NAME (First, Middle, Last) MILTON P. LEWIS					ME (First, Middle, Maiden EUSTACE		HOOT TIME
may be retained or, page 5 should ust be notified	10	19a. INFORMANT'S NAME (Type/Print) TONYA L. LEWIS 20a. METHOD OF DISPOSITION	(daughter) 9	939	GREENBEL	T ROAD A	PT# 302 LA	ANHAM,	MD 20706
Age 6 direct		20a. met Hou of Disposition 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEFAL SERVICE, LIC	oval from State	IAL (2/27/93 P	RINCE (or Town, Stata GEORGE CO, VA
after death. Pay the funeral menti.		· Mes S.	160e //	383	5538	MARTROR	PE FUNERAL	PESTUTI	LE. MD
within 24 hours aft poetrey. Shed in by cremation, or reme ont, the medical		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	compligations that caused the de List only one cause on each line.	Hh. Do i	mot enter the mo	ide of dying, such	h as cardiec or resp	iratory arrest.	Approximate Interval Between Onset and Death
esecuted with and complete to burtial, cre-	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSECUTOR OF TO (OR AS A CO	WENGE OF	nylo	mera	in	_	
n certificate be inding physicia Hygiene prior or other trai	ERTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DOMESE	ALENCE OF	1	N 400	18101	\sim	
at the death by the atte and Mental y Injury,	O	PART II. Other significant condition	contributing to death but not n	onudation of	in the undertying	glune given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
v requires it been signed a. of Health	4: MEDICAL	ymy 1	NI CONTROL	-	997	, ,	1 1 YES 2	HO HO	OF CAUSE OF CEATH? 1 TES 2 NO
SICIAN. The law certificate has be the State Dept. or item 23.	YSICIAN	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 VES 2.F-NO	HOSPITAL:	□ 00A	OTHER:	ACE OF DEATH (Che			
F 4 4 5	ву рну	27. MANNET OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28m. DATE OF BLIUMY (Month, Day, Year)		M 1 1	FES 2 NO	28d. DESCRIBE HOW I		7-3
OR ATTENDING DIFECTOR: After hours after death Item 28 is ma	LETED	3 Suicide II Could not be determined	38e. PLACE OF INJURY — At hor building, etc. (Specify)				281, LOCATION (Street of City or Town, State)		ural Route Number,
HUSPITAL FUNERAL WITHIN 72 MANT: III	COMPL	2 MEDICAL EXAMINES	A			weth occured at the	time, date and place, an	nd due to the cas	use(s) and manner as stated.
TO THE TO THE De filed	TO BE	30. NAME AND ADDRESS OF PERSON WHO	MERALL	27) (Type,	SIY Print)	296 LICENSE NUM	799	29d. DATE SIG	4193



Washington ADventist Hospital, Takoma Pk,Md.

THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending a	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 1	Inflied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MIPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	THE THE	pal filed	MPO

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	1 /			2. DATE OF DEATH MONTH DA	,	3. TIME OF DEATH			
Ì	James	ω .	Lew	15	Feb. 2	40.0				
		6. SEX 6. AGE (1		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH DEC . 20, 1	911	BIRTHPLACE (State or Foreign Virginia			
_	Sa. FACILITY NAME (If not institution, give stree	1 11	. / /	b. CITY, TOWN OR LOCATION OF E		9c. COUNTY OF OEATH				
DIRECTOR	RESIDENCE OF DECEDENT	nd Hosf	Dital	Clinton	Prin	ce Georges				
JIRE	D.C. 106. COUNTY		chington		10d. INSIDE CITY LIMITS? 1 TYPES 2 NO					
100. STREET AND NUMBER 5424 2nd St. N.W. 101. ZIP CODE 20011 U.S.A										
Specify: Specify: Specify: Specify: Specify: Specify:										
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done during most of working) (Give kind of work done during most of working) (Give kind of work done during most of working)										
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	iiio. Do NOT uso i	ger	Naval	Ord.	Lab.			
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
BE (William J 19a. INFORMANT'S NAME (Type/Print)	oseph L	ewis				rrington			
5	Jacqueline Clar	k-Sister	5031 S	South Dakota	Ave. N.E.	Wash.	D.C.20017			
	20s. METHOD OF DISPOSITION 1-\(\tilde{\Omega} \) Burlel 2 \(\tilde{\Omega} \) Cremation 3 \(\tilde{\Omega} \) Remove 4 \(\tilde{\Omega} \) Donation 6 \(\tilde{\Omega} \) Other (Specify) \(\tilde{\Omega} \)	al from State 20b.	PLACE AND DATE OF others, cremetary or other of Nation	pisposition (Name of Park	1 .	cation – city aurel	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AND ADDRESS OF F	Hunt.	Funer	al Home			
	J. Bemar	1 Haml		2801 7th						
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	nplications that caused at only one cause on er	the death. Do not	enter the mode of dying, su	ch as cerdlec or respi	ratory arrest	, Approximate Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	CARCIN	roma L	unG			Onset and Death			
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate	DUE TO OR AS A	CONSEQUENCE OF):	5 N						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	DEI	HYDRA	FIRN						
焦	that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE OF):							
	DART II Other significant conditions									
CAL	PART II. Other algorificant conditions of	ROSTATE	ut not resulting in	the underlying ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC		URIA			1 _ YES 2	NO	OF DEATH?			
Z Z							1 123 2 1 10			
PHYSICIAN:		IOSPITAL:		26. PLACE OF DEATH (C	heck only one)					
HYS	1 YES 2 NO 1 27. MANNER OF DEATH	Inpatient 2 ER/Outp		☐ Nursing Home 5 ☐ Residence	6 Other (Specify)	THEY OCCUR	ED			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WORK? M 1 VES 2 NO	200. DESCRIBE NOW II	SONT OCCON	EU			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, office	281. LOCATION (Street a City or Town, State)	nd Number or I	Pural Route Number,			
Ē	4 Homicide determined									
COMPLETED	29a. CERTIFIER (Check only one) 2 C MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
	The state of the s	On the basia of examination		29d. DATE SIGNED (Month, Day, Year)						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	On the basia of examination	MARAC	29c. LICENSE NU	MBER 244	29d. DATE SI	THE PERSON OF THE PERSON OF			
		ens a	mofac	29c. LICENSE NU	MBER >44 Ay Ro	> 2	GNED (Month, Day, Year) 2 -2 1-93			
BE	296. SIGNATURE AND TITLE OF SERTIFIER	COMPLETED CAUSE OF DEA	ATH (DEM 27) (Typo, Pr	29c. LICENSE NU	744	> 2	THE PERSON NAMED IN COLUMN			

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH

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RECORDS, F	
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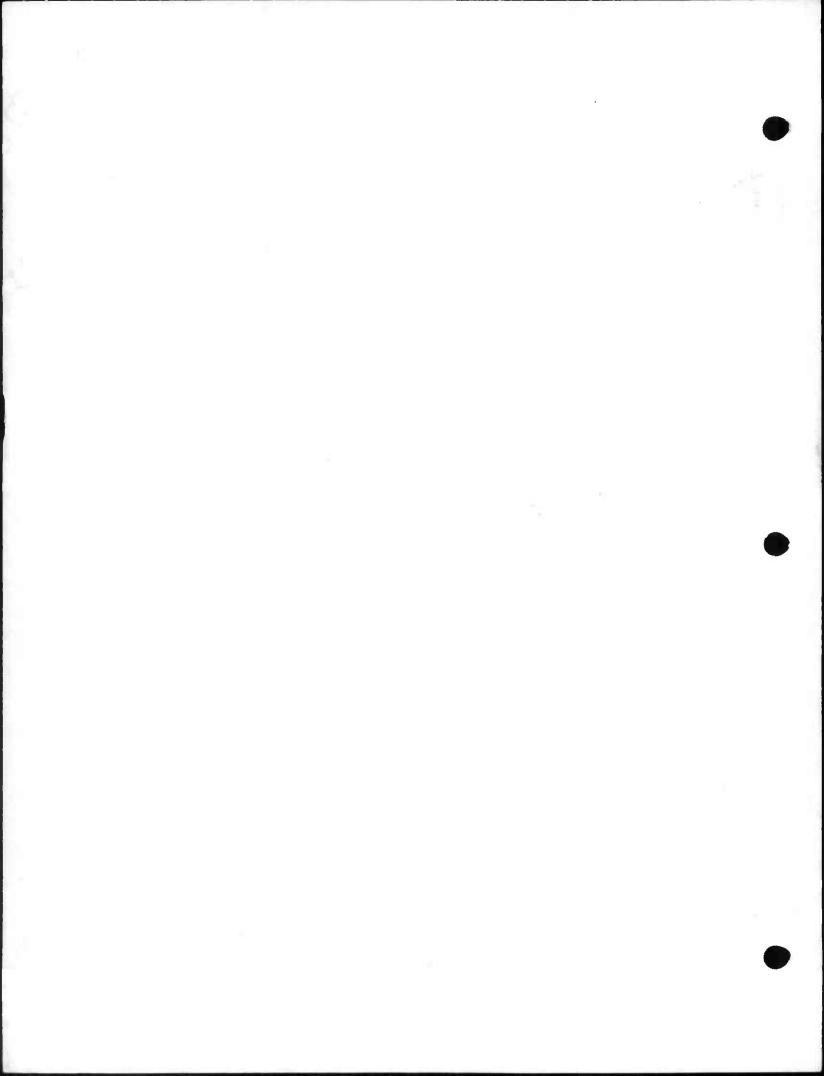
Feb RUTH S. MORGAN 1993 12:40 P M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIFTTH IF UNDER 24 HRS. S. BIRTHPLACE (State or Formign Feb 23, 91 MONTHS DAYS 218-28-4601 1 🗆 M 2 🕅 F 1902-MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY CO. RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. BALTIMORE CITY BALTIMORE 1 X YES 2 NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1153- N. COLLING RD. 21228 U.S.A. death. Page 6 may be retained by the hospital or attending physician, funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) BY 1 YES ZY NO Specify: 3 ♥ Widowed 4 □ Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Saleslady Not Available once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) te ERNEST SEIFERT BE MATILDA NEUMANN notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) REV.DR.REICHARD 9701- VEIRS DR., ROCKVILLE, MD. 20850 Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — Cify or Town, State must 1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) DATE CEDAR HILL CEMETERY 13/2 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SUM C examiner 22. NAME AND ADDRESS OF FACILITY HYSONG CO., INC. 1300-N ST., NW., completely filled in by the rial, cremation, or removal. medical WASH.,DC 20005 23. PART i. Enter the diseases, or completely shock, or heart fallery List only o that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximata pausa on aach lina. 0 interval Between **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition within event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed prior to burial, traumatic CERTIFICATION and Sequantially list conditions, A CONSEQUENCE OF if any, leading to immedista the attending physician Mental Hygiene prior to ě cause. Entar UNDERLYING certificate other 1 CAUSE (Disease or injury that initiated avents resulting in death) LAST 9 death Injury, MEDICAL een signed by the of Health and M the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any TO YES SEX NO has been s Dept. of H 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL 1 - YES 2 XX0 OTHER: ☐ Impetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 50 Nursing Ho me 5 🗆 Rasidence 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? WITH marked, 28d. DESCRIBE HOW INJURY OCCURED this 1 Natural 2 Accident 5 Pending BY 1 YES 2 HO The Hospital Dr Attending F The Funeral Director: After I filed within 72 hours after death 26e. PLACE OF INJURY — At hume, farm, street, factory, office building, etc. (Specify) 3 🔲 Suicide 28 Is COMPLETED 6 Could not be 28f. LOCATION (Street and Number or Plurel Poute Number Olly or Steen, State) 4 | Homicide Item 1 🔀 CERTIFYING PHYSICIAN: To the heat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) IMPORTANT: If 2 MEDICAL EXAMINER: On the besis of exami-BE ΰ 25/ 9.3 223 2 CAUSE OF DEATH (ITEM 27) (Type, Print) DR. CHARLES KARESH- 1 No. Main Street, Mt. Airy, Md. 12 HEGISTRAP'S SIGNATURE 05 93

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BAI	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	 Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit he filled within 70 hours after death with the Chain Dark of Health and Mental Hurian policy to hurial communion or removed	eral director, page 5 should be detached for use as the burial-transit permit
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	niner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH		
	FRANCIS	J. MALLON				2/26/	/93 YEAR	2:55 p M		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign		
	069-10-0719		36 YRS.	DAYS DAYS	HOURS MIN.	APRIL 4,	1906 PENI	ENNSYLVANIA		
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	MONTGOMERY GI	ENERAL HOS	<u> </u>		MONTGO	MERY				
Œ	10e. STATE 10b. COUNT	Y	TOWN OR LOCAT	ION		10d. INSIDE CITY				
	MARYLAND M	ONTGOMERY	SI	LVER S	PRING		LIMITS? 1 YES 2 NO			
₹\	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	10221 SUTHERLA				2090		US	A		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER FORCES? 1 YE	8 2 V NO	If yes, sp	city Cuban, Mexico	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No- 14. RAC Black	CE American Indian, ck, Whits, stc.		
BY	3 ₩ Widowed 4 □ Divorced	IF YES, GIVE WAR OR	DATES"	1 🗌 YES	2 NO Specif	ly:	Spe	c#y: WHITE		
E	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BUS	SINESS/INDUSTRY	WHILE		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk dane during mo retired.)	st of working					
COMPLETED		4	TAX COLL	ECTOR			VERNMENT			
	17. FATHER'S NAME (First, Middle, Last)	MATTON				AME (First, Middle, Maiden				
8	FRANCIS J. 19a. INFORMANT'S NAME (Type/Print)	MALLON	105 MAII ING	DDBESS (Street o	MARY	Route Number, City or Town	DIAMOND			
2	FRANCIS J. MALI	LON. JR.	1			, SILVER S		מר מר מר מר		
	20s. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cremation 3 ☑ Rem	2	Ob. PLACE AND OATE OF	DISPOSITION /Na	me of	DATE 20c. LO				
	4 Donation 5 Other (Specify)	S	T. DOM INI	C CEMET	ERY	3/1 PHIL	ADELPHIA	, PA		
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSE			D ADDRESS OF FA					
	MONELL	St. Colo		\$00 UN	IVERSITY	BLVD., W.	, SIL. S	P., MD 20901		
	23. PART I. Enter the diseases, or abook, or heart fallure	complications that caus List only one ceuse on	ed the death. Do no	t enter the mo	de of dyling, suc	ch as cardlec or respi	ratory errest,	Approximate		
1	IMMEDIATE CAUSE (Finel	V		/				Interval Between Onset and Death		
	disease or condition resulting in death)		ic Str				480			
_	_	Silva Oras	A CONSEQUENCE OF					11		
ě	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AC	A COMPEQUENCE OF		1 0					
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	le Res			4				
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	whole I Dehyder			akio 48			
CERTIFICATION		d. alul	e Win	anoen	~ ~	enjer	age of the	4-8		
7	PART II. Other algnificant condition	e contributing to deeth	but not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	Dementer.	Pour Nuts	ution,	Guo,	rexia	1 YES 2	/	COMPLETION OF CAUSE OF DEATH?		
ME	HATTAL Jilm	elexia	Rapid.	Vertor	iava,	Kee		1 - YES 2 - NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
S	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (CA					
¥	27. MANNER OF DEATH	1 V Inpatient 2 ER/Ou 28s. DATE OF INJURY	28b, TIME			8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? ES 2 NO	- 61 - 14 - 25 - 10				
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp	Y - At home, farm, str	eet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,		
ETE	4 Homicide determined					Only or rown, oreney				
COMPLETED		ICIAN: To the best of my kno								
Š	one) 2 MEDICAL EXAMINE	ER: On the basis of sxaminat	ion and/or investigation.	in my opinion, d	eath occured at the	time, dats and place, an	d due to the cause	s) and manner as stated,		
BE	29b. SIGNATURE AND TITLE OF CERTIFIED		1		29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)		
5	Thurs Il	nucles	nio		D15H	10	19	77 2/26		
	30. NAME AND ADDRESS OF PERSON WH 6/iver 1-LAW/	O COMPLETED CAUSE OF DE S.3 MJ.	S801 Ly	te/nal	anal:	Dline Si	hie h	in 2080 to		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		-	·					
	MAR OF 100	1.0. K.	-							

DIVISION OF VITAL RECORDS, P.O. BC

DHMH-18 Rev 1/89



	Once
	7
	notified
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	must
-	hows any injury, or other traumatic event, the medical examiner must be notified at once
of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical
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Crem:	vent
burial	natic e
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TO BE COMPLET

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	FOR 1 STATE	STATE OF MAR	RYLAND /	DEPAR	TMENT	OF H	EALTH	AND	MENTAL H	YGIEN	E			
	REGISTRAR		CE	RTIF	ICATE	OF	DEA	ТН	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Mary A.	McCa	cCann					February 26, 1993			993	3. TIME OF 8:20	
139	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. last birthday)			IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8. BIRTI			IPLACE (State			
	032-09-3630	1 □ M 2 🂢 F	80 YRS. MONTHS DAYS HOURS MIN.					April 23, 1912 Mas			sachu:			
<u>ر</u>	9a. FACILITY NAME (If not institution, give s	ŕ		9b. CITY, TOWN OR LOCATION OF DE				100,000						
ē	8705 Deanna Dri	Lve		Gaithersburg							Mon	ntgom	ery	
낊	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN C	R LOCAT	ION	_					10d, INSIDE	E CITY	
DIRECTOR		gomery			ithe								LIMITS 1 X YES	3?
¥	10e. STREET AND NUMBER					101.	ZIP COD				10g. CIT	IZEN OF Y	WHAT COUNT	PY?
当	101 Odend'hal A	venue, #31	4						20877		Un:	ited	State	es
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES 2 N			f yes, spe	cify Cuba	in, Maxica	NIC ORIGIN? (Sp in, Puarto Rican		or No-	Black	E — America: k, Whita, atc.	n Indian,
ВУ	3 Mildowed 4 Divorced						X	Specify	y.			Speci	White	9
요	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CUPATIO	N		16b. KING	OF BUS	SINESS/IND	DUSTRY	WITTO	
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	work done (se retired.)	dunng mos	ST OF WORKI	ng	Sel:	f-em	ploy	ed	Grad	cery
AP	12		Bea	utic	ian/	Cas	hier		Beau	Jty	Shop	/	Sto	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle	_				
TO BE (Joseph Rocks				Anna (Unavailable)									
	19a. INFORMANT'S NAME (Type/Print)		198	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Mary L. Sanders		8	8705 Deanna Drive, Gaithersburg, MD 20882										
	20s. METHOD OF DISPOSITION 1 Durisl 2 A Cremation 3 Rem	norm State	20b. PLACE A	b. PLACE AND DATE OF DISPOSITION (Name of meters, cremetory or other place)				OATE	20c. LO	CATION -	City or To	wn, State		
	4 Donation 5 Other (Specify)	Ovar from State	Subu	Suburban Crematory				2-28 Silver Spring, Mary			arylan			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2	22. NAME AND ADDRESS OF FA					CILITY					
1	> Eleen	app	Rapp Funeral Service 933 Gist Avenue, Si					ue. Si	lver	Spr	ina	_MD 20	1910	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,										Appn	oximate		
	IMMEDIATE CAUSE (Final	Clar only ons cause (m sacii iiis.	Lev										val Between it and Death
	disesse or condition resulting in death)	nih	inatorn taila				100				17	-4de		
	,	DUE TO JOR	A CONSEC	A CONSEQUENCE OF):								-	P	
Z	= Emphysema										2	045		
E	Sequentially list conditions, DUE TO ON AS A CONSEQUENCE OF): If any, leading to immediats											1		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	· CM	rows	inte Brachiti				5				Z	045	
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQ	A CONSEQUENCE OF):								1	/	
H	C	4											-	
7	PART ii. Other significant condition	s contributing to dse	th but not re	suiting	In the un	derlying	cause	given In	Part I. 24a.	WAS AN	AUTOPSY	1 24b	WERE AUTO	PSY FINDINGS
5	Fracture	od Th		Ci		1/2	rte	bre		PERFOR			AVAILABLE P	PRIOR TO
	das	100 F	<	0 (1)	Wind				_ 1	YES 2	LINO		OF DEATH?	
2	5(1)	700	7	y,c	1-/	>							1 YES	2 3.00
AN	25. WAS CASE REFERRED TO MEDICAL					20 PI	ACE OF D	EATH (Ch	eck only one)					
Si I	EXAMINER? 1 YES 2 NO	HOSPITAL:	(Output) at 2	- no.	OTHER				nter's					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	1 Inpetient 2 ER		28b, TIM		28c. INJL		sidenci	8 Other (Spe 28d. OESCRIB		V.HURY OO	CUREO		
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear)	INJ	M	1 🔲 Y	RK? ES 2	NO	Lou. OLGONIO	- 110W IF	IVANT OO	JUNEO		
9	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural F City or Town, State)									loute Number,				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) #A-12

G. Stuart Scott, M. D., 19201 Montgomery Village Avenue, Gaithersburg, 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 04 ,03

29c. LICENSE NUMBER

REG. NO.

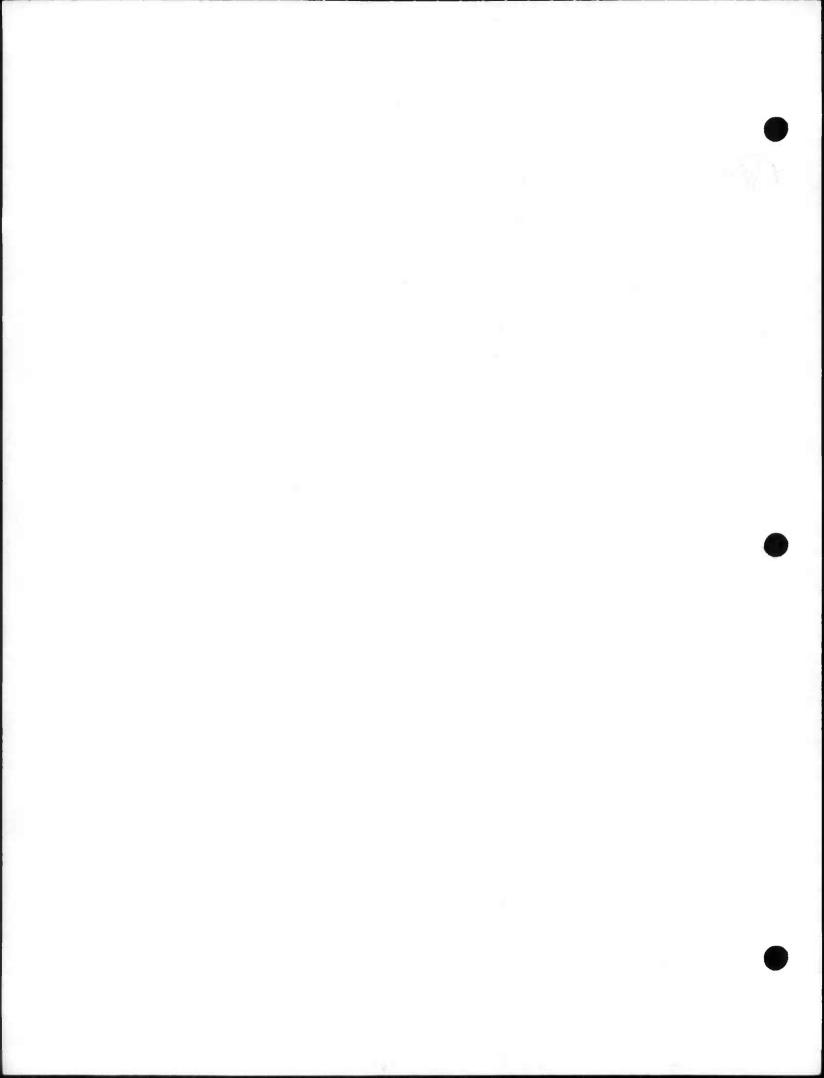
BALTIMORE, MARYLAND 21215-0020

hours after death. Page 6 may be retained by the hospital or attending physician. 2 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH LORRAINE MCKENZIE FEBRUARY 28 1993 10:25 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 M 2 K F HOURS 215-44-7983 92 AUG. 10, 1900 MINNESOTA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ROCKVILLE NURSING HOME ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY ROCKVILLE 1 X YES 2 NO detached for use as the burial-transit permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 303 ADCLARE ROAD 20850 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, 1 Never Married 2 Marri If yes, specify Cuban, Mexican, Puerto Ric IF YES, GIVE WAR OR DATES 1 TES 2 X NO Specify: BY 3 X Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY DEPARTMENT Elementary/Secondary (0-12) College (1-4 or 5+) SECRETARY OF AGRICULTURE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at BE OLE 0. LERE **EMMA** signed by the attending physician and completely filled in by the funeral director, page 5 should Heath and Mental Hyglene prior to burlal, cremation, or removal. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SHARON M. BEARDALL 2041 DEVILWOOD DRIVE, POTOMAC, MARYLAND 20854 pe METHOD OF DISPOSITION

Burlar 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 3/5/93 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
ROBERT A. PUMPHREY FUNERAL HOME/ M00831 *Barbara Jomen rel Can BETHESDA-CHEVY CHASE, INC. AVENUE, BETHESDA, MARYLAND dawhence 7557 WISCONSIN medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** \$ disease or condition ______ VIRAL PNEUMONIA event. DUE TO (OR AS A CONSEQUENCE OF): traumatic POLYMYALGIA RHEUMATICA MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury CHRONIC BRAIN SYNDROME or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO 1 TYES 2 NO has been Dept. of I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) r this certificate h h with the State C Item HOSPITAL: OTHER: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4∑ Nurs ne 5 🗆 Residence 6 🗀 Other (Specify) 6 27. MANNER OF DEATH DIRECTOR: After this cer hours after death with the Item 28 Is merked, of 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO 1 X Natural YES 2 NO BY 2 Accident 28e. PLACE OF INJURY - At home, ferm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as steted. FUNERAL (
within 72 h
TANT: It II HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 불물물 D19785 223 MARCH 1, 1993 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF OPINH (ITEM 27) (Type, Print) FRAUKE WESTPHAL, M.D. 809 VEIRS MILL ROAD, ROCKVILLE, MARYLAND 20851 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 3 '93 Julia Tavidra Rondo De 0

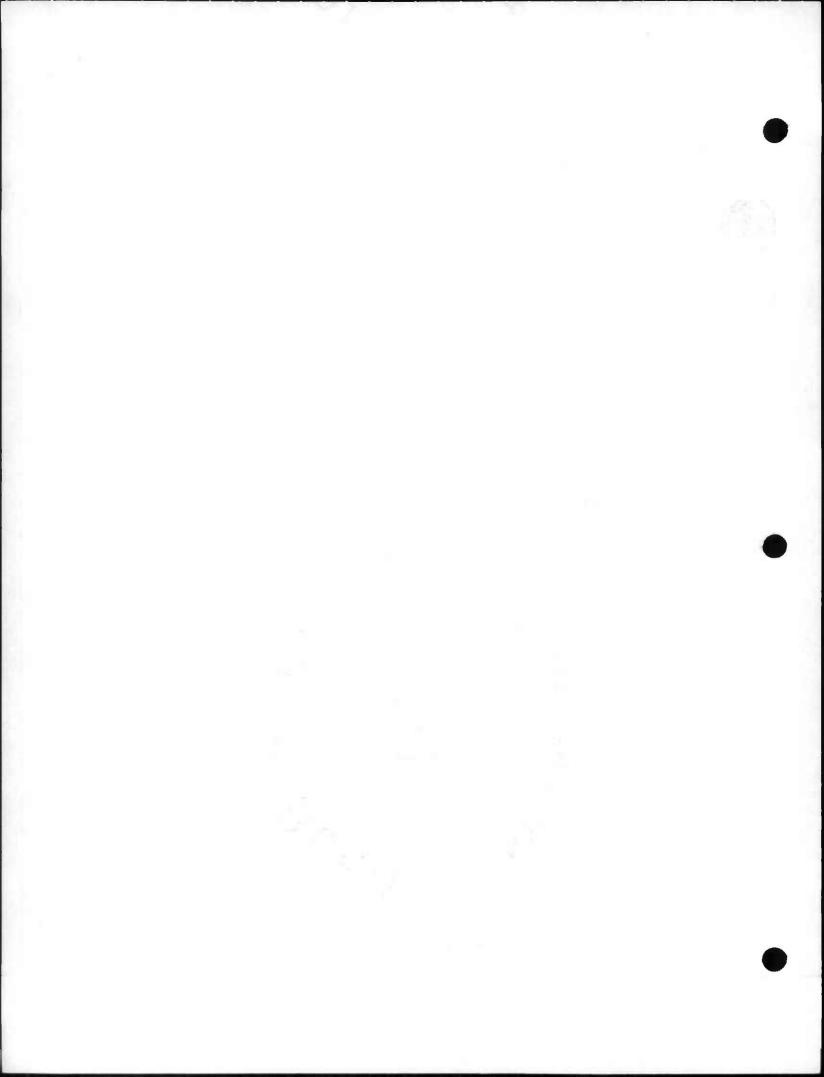


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	ALC OF MINITE			OF DEATH	REG	NO		
	1. DECEDENT'S NAME (First, Middle, Last)	- MI	1-1-15%	>		2. DATE OF DEAT	ТН	953	3. TIME OF DEATH
		K 1///	0061						2:45P _M
	4. SOCIAL SECURITY NUMBER 5. SE 213 38 2051	y	(In yrs. lest birthdey) 77 YRS.	MONTHS DA		July 1	mr1	0. BIRTH Countr	PLACE (State or Foreign VASHINGTON
OR	9a. FACILITY NAME (If not institution, give street and MANOR CARE, LARGO				WN OR LOCATION OF E		9c. CO	UNTY OF D	
DIRECTOR	10a. STATE 10b. COUNTY MONTGOM	ERY	10c. CIT	y, town or l GAITH	OCATION ERSBURG				10d. INSIDE CITY LIMITS?
FUNERAL C	10e. STREET AND NUMBER 109 SPRING STRE	ET			101. ZIP CODE 20877		10g. CI		1 YES 2 NO WHAT COUNTRY? S.A.
₽	1 Never Married 2 Married FC	AS DECEDENT EVER ORCES? 1 1 YES YES, GIVE WAR OR	2 NO	If ye	DECENDENT OF HISPA a, specify Cuban, Mexic YES XXNO Spec	an, Puerto Rican, et	fy Yes or No—	14. RACE Black Speci	- American Indian, , white, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Coffe 1 2	(ed) ge (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us	work done during retired.)	PATION g most of working	377537215	F BUSINESS/II		LIC SCHOOL
8	17. FATHER'S NAME (First, Middle, Last)		SECRET	AKI	10 MOTHER'S N	AME (First, Middle, M			JIC SCHOOL
BE C	CHARLES		KNOTT			ELIZABI			EL
6	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet and Number or Rura	Route Number, City of	or Town, State, 2	Sip Code)	
-	SUSAN SOULE		1881	2 CRE	EPER LAN	E, GAIT	THERSE	BURG	MD 20879
	28a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from	20	b. PLACE AND DATE		N (Name of	DATE 20	c. LOCATION -	- Cify or To	wn, Stata
	4 Donation 5 Other (Specify)		metery, crematory or o ATE OF	HEAVE	N CEMETE	RY 3/1/	/93 SI	LVE	R SPRING, M
	21. SIGNATURE OF FUNCAUL SERVICE LICENSEE	Bu	les	TAK	OMA FUNE N.W. WAS	RAL HON			54 CARROLL
	23. PART I. Enter the diseases, or compile	cetions that cayse	d the death. Do	not enter the	mode of dying, su	ch as cardiac or	respiratory a	rrest,	Approximate
	shock, or heart failure. List or IMMEDIATE CAUSE (Finel disease or condition resulting in death)	nly one ceuse on	each line.	In ne					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ы	A CONSEQUENCE O	,	MY V	1567	15	_	
MEDICAL	PART II. Other significent conditions cont	ributing to death	ma	In the under	lying cause given in	PE	AS AN AUTOPS' REFORMED? ES 2 VIO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			9	6. PLACE OF DEATH (C	hack only one)			
SIC		PITAL:	Instinct 3 DOA	OTHER:					
BY PHYSICIAN:		Sa. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 280 URY	Home 5 Residence INJURY AT WORK? YES 2 NO	28d. DESCRIBE H		CCURED	
	- I received	6e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, sorfy)	street, fectory,	offica	261. LOCATION (S City or Town,	treet and Numb State)	er or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To come on the company one) 2 MEDICAL EXAMINER: On the company one of t) and manner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	me	ed 1	m	29c. LICENSE NU	320	29d. DA	Z - Z	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COME	de MI	981	Print) M.	allard	or La	aure	1m	d 20108
	31. MARTILEO (Nontro 93 Year)	2. RESTRUCTS SIG	Congress of						



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HOSP	FUNE	TANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a second companient or named of companients of companients of companients of companients.	be life writin 12 hours also destribute the course copy. On result and income have been, contract, contract, the medical examiner must be notified at once, IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
-	-	

	FOR 1 STATE	F.H. G-698 4/23 STATE OF MARYLAND	/ DEPARTMEN			IE	3 07160
DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)		ERIFICAL	E OF DEATH		DAY YE	S. TIME OF DEATH
	256_70_5515	5. SEX 6. AGE (In yrs. le	MONTH	ER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	99. FACILITY NAME (If not institution, give street 4307 Judith Street	eet and number)	9b. Cr	TY, TOWN OR LOCATION OF DI OCKVILLE	Nov. 27, 1	9c. COUNTY	OF DEATH
	residence of decedent 10e. STATE 10b. COUNTY MD. Monts	gomery	10c. CITY, TOWN			1	10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL D	100. STREET AND NUMBER 4307 Judith Stree		ROCKV	101. ZIP CODE 20853			OF WHAT COUNTRY? States
BY FUNE	11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES Vietnam; Deser	NO	3. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 NO Specifi	in, Puerto Ricen, atc.)	e or No — 14.	Black White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S USUAL Give kind of work dor- te. Do NOT use retired	e during most of working !.)	16b. KIND OF BU	JSINESS/INDUST	RY
BE	17. FATHER'S NAME (First, Middle, Last) Eugene Mells 19a, INFORMANT'S NAME (Typo/Print)	1211		16. MOTHER'S NA	ME (First, Middle, Maide La Wellman		16 3
5	Gladys Mells	4	307 Judi	th Street, Ro	ockville,		853
	20. METHOD OF DISPOSITION *\subsection Subsection Memoria Content Memoria Conte		OAKLAN	D CEMETERY 2. NAME AND ADDRESS OF FA McGuire Fune:	TO	WNSEND,	GEORGIA 3133
	21 PASS I. Enter the diseases, or co	omplications that caused that	death. Do not ant	7400 Georgia	Ave, NW	Wash DC	
		List only one cause on each lin	ophic	(otero)	5-(00	816	Interval Between Onset and Desth
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE OF):				
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
TED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to death but not	t resulting in tha	underlying cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 H	26. PLACE OF DEATH (C.			, 6
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	DED
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street, 1	actory, office	261. LOCATION (Stree City or Town, State		Rural Route Number,
COMPLET	(oridon only)	CIAN: To the best of my knowledge, R: On the beele of examination and/o					euse(e) end menner ee stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	0	>	29c. LICENSE NU		١.	IGNED (Month, Day, Year)

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) P8834 93

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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SUR

31. DATE FILED (Month, Day, Year)
MAR 03 93 2. REGISTRAR'S SIGNATURE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at on
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	TIAS	EB	il.	H
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	DI	DI	e 20	물
	-	~	L	_

RICHARD J.

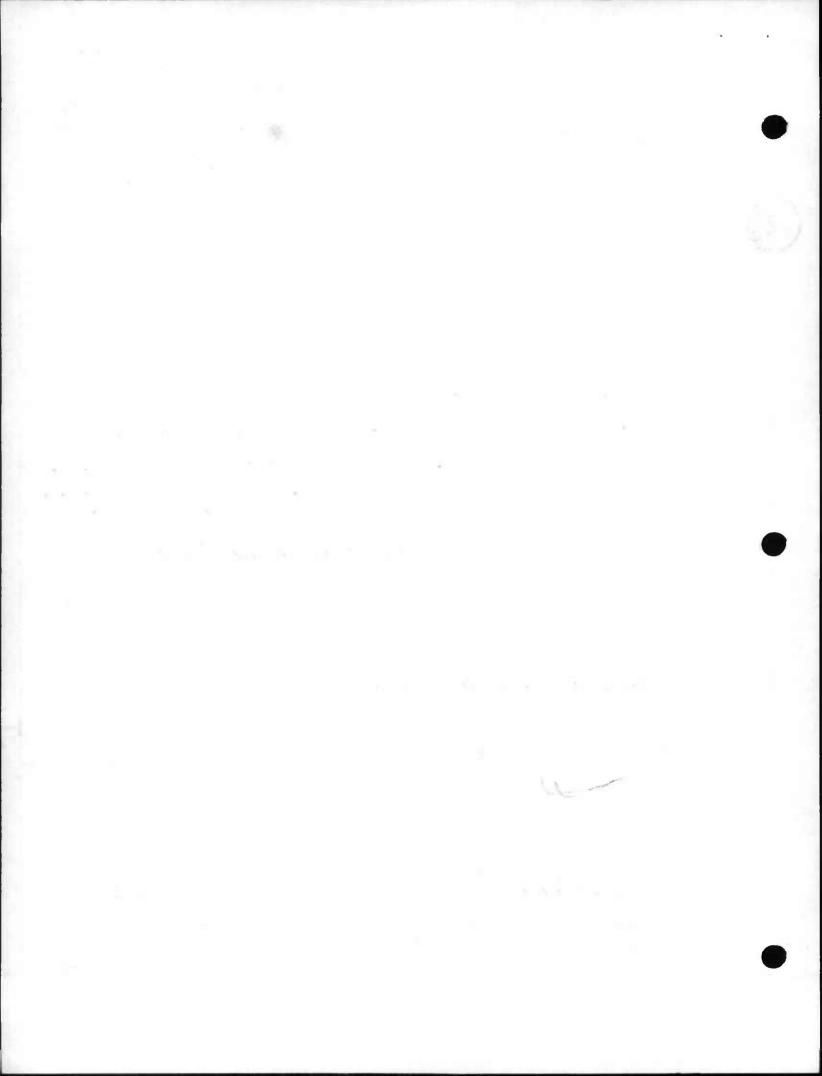
31. DATE FILED (MONTH, Day, Year)

MAR 11'93

		93 07161							
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		1. DECEDENT'S NAME (First, Middle, Lest) Bruce (nmn) McDonald (nmn) BRUCE (nmn) McDonald (nmn) Bruce (nmn) McDonald (nmn) Day (year 3 5 p)							
		4. SOCIAL SECURITY NUMBER 579-18-6615 5. SEX 1							
a C		98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH PALLSTON GENERAL HOSPITAL FALLSTON HARFORD							
DIRECTOR		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Harford Fidgewood 10d. INSIDE CITY LIMITS?							
		106. STREET AND NUMBER 2016. Hanson Pood 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?							
FUNERAL		21040 USA							
D BY	. 1	3 Widowed 4 Divorced WITI							
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+) 12 College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Foreman 16a. EXIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUS							
6 ш	ш	17. FATHER'S NAME (First, Middle, Last) Bruce (nmn) McDonald, Sr. 18. MOTHER'S NAME (First, Middle, Malden Sumame) Irene Leticia Capper							
TOB	- 11	Mary P. Marcon 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 32118 3110 S. Peninsula Drive, Daytona Beach, Florida							
100		20a. METHOD OF DISPOSITION 1							
D. CYGLING	Ì	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A.							
and the state of t		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):							
ATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
RTIFICATION		CAUSE (Disease or Injury that initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL CE									
SICIA		25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA							
BY PHY	- 1	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 28a. DATÉ OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO							
	_	3 Suicide 6 Could not be detarmined 289. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED		29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
TO BE C		296. SIGNATURE AND TITLE OF CENTURE AUGUSTA 100 MILE SIGNED (Month, Day, Year) DO 1194 3/10/93							
		30. NAME AND ADDRESS OF PERSON HIS COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RICHARD J. COLFER MD 2013 Touth Church Rd 1013 Touth Church Rd							

FER MD 2013
32. REGISTRAR'S SIGNATURE
June Davidson Randall

MAT 18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
urs after death.	in by the funera	removal.	edicai exami
withino	pletely filled	remation, or	ent, the m
be executed	cian and com	or to burial, o	aumatic ev
h certificate	inding physic	Hygiene pric	or other tr
that the deat	d by the atte	and Mental	my injury.
aw requires	s been signe	opt, of Health	3 shows a
ICIAN: The L	sertificate ha	the State De	or item 2
NDING PHYS	: After this	r death with	is marked
AL OR ATTE	AL DIRECTOR	2 hours afte	If Item 28
THE HOSPIT	THE FUNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	MPORTANT
	F	P	=

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	LEONA H	· MI	CKE	7			3. TIME OF DEATH
OR	212-20-4021	□M2 XF 9		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 15,	6.	BIRTHPLACE (State or Foreign Country) Maryland
	96. FACILITY NAME (If not institution, give street to the street of the		1209	96. CITY, TOWN O	CTO.	MD.	9c. COUNTY	OF DEATH CITY
DIRECTOR	10s. STATE 10b. COUNTY			TOWN OR LOCATI				10d. INSIDE CITY
	Maryland		T T	Baltimor	C ZIP CODE		T 40- 01717F	1 YES 2 NO
ERA	204 Gaywood Road			101.	21212		US	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced			If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black, White, I TYES 2 X NO Specify: Specify:			RACE — American Indian, Black, White, etc. Specify: White	
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		(Give kind of wo	JSUAL OCCUPATIO	N It of working	16b. KIND OF BU	SINESS/INDUS	
PLE	Elementary/Secondary (0-12) H.S.	College (1-4 or 5+)	Beaux	tician				
COMPL	17. FATHER'S NAME (First, Middle, Last)		D Cotto			ME (First, Middle, Maiden		
BE C	Latimer Hamm					ide M. Hani		
0	190. INFORMANT'S NAME (Typo/Print) Mary M. Leeds					Ploute Number, City or Tow Lesville,		1208
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remove	20b. PL		TION (Name of com				y or Town, State
	4 🗆 Donatton 5 🗆 Other (Specify)	На	impstead	d Cemete			mpstead	i, Md.
	am &	Line			Funeral	11824 L Home Re		erstown Road town, Md.
	23. PART i. Enter the diseasea, or con shock, or heert failure. Lis	nplications that coused the st only one couse on each	e deeth. Do no iine.	ot enter the mod	de of dying, auc	h ea cerdiec or reap	iratory arrest	interval Between
1	immediate CAUSE (Final disease or condition resulting in death)	CARDIAC DUE TO (OR AS A CO	F	AILUR	E			Acuit
z	CONGESTIVE CARDIOMYOPATHY YUMPS							
CERTIFICATION	COUSE Enter UNDERLYING APTOPING (APDINIARY) ART DISCARIO							
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO			ASCUCA	VAG	#J (-	1 CATLS
ERT	resulting in death) LAST							
AL C	PART II. Other significant conditions of	contributing to death but r	not resulting in	the underlying	cause given in	Part I. 24s. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
0						1 _ YES	1	COMPLETION OF CAUSE OF DEATH?
MED!							,	1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	eck only one)		
rsic		OSPITAL: Inpatient 2 ER/Outpatie		OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)		
РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY WO	RK?	28d. DESCRIBE HOW	INJURY OCCUP	IED
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number.					Rural Route Number,	
ETED	4 Homicide determined building, etc. (Specify) City or Town, State							
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.							
BE	296. SIGNATURE AND TITLE OF CENTIFIES	Roberto	P.		29c. LICENSE NUI	MBER Y25	29d. DATE \$	IGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO C	1 61/2	(ITEM 27) (Type,	Print)). 4 . 4 .	1100	3 =	٥
	31. DATE FILED (MANDON) 93	32/REGISTIAN OSIGNATO	C89/	edu. R	0 014/23	1700	212	0 7

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a burs after death. Page 6 may be retained by the hosp
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF			GIENE 3. NO.	5 0	1.00
-	1. DECEDENT'S NAME (First, Middle, Last) ROPYEDGAR	EDGLERE R	MII	LLER		2. DATE OF DE		(9393 3.7	7:08:90A
	220220-48-3577	1 M 2 D FMALE 9	s. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIR (Month, Day)	3/14/43	Country) MAR	CE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give stre 73 GEORGE ST.	et and number)			OR LOCATION OF DE CANEYTOWN	EATH		CARRO	DLL
DIRECTOR	10a. STATE MD 10b. COUNTY	CARROLL	10c. CIT	TANEY	OWN			10d	LIMITS? YES
FUNERAL	100. STREET AND NUMBER ST.				IOI. ZIP CODE	21787	10g. CITIZE	N OF WHAT	U.S.A.
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Driverried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes,	ECENDENT OF HISPAI specify Cuban, Mexica ES 2 NO Specif	in, Puarlo Rican,		4. RACE — / Black, Wh Specify:	American Indian, lite, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elamentary/Secondary (0-12)		(Give kind of life, Do NOT u	USUAL OCCUPA work done during se retired.)	most of working	16b. KIND	OF BUSINESS/INDUS		7
BE COM	17. FATHER'S NAME (First, Middle, Last) RAY L. MILLER				16. MOTHER'S NA				
TO B	19a. INFORMANT'S NAME (Type/Print) JOAN F. MILLER			ADDRESS (Street	e and Number or Rural. EST.		or Town, State, Zip C YTOWN	ode)	MD 2178
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov. 4 Donation 5 Other (Specify)	val from State other	er place) PIPI	SITION (Name of C E CREEK	CEMETERY			R LIN	WOOD, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE atharine	O. Saidl	er	22. NAME	AND ADDRESS OF FA		D. D. H IDGE, MD	IARTZI	LER & SONS
	IMMEDIATE CAUSE (Final	omplications that caused the list only one cause on each METAST DUE TO (OR AS A CO)	ATIC	LUNG			r respiratory erres	nt,	Approximata Interval Between Onset and Daath / y/.
CERTIFICATION	Sequentially list conditions, if eny, laeding to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A COI							
7	PART II. Other significant conditions	contributing to death but r	not resulting	In the underly	ing cause given in		WAS AN AUTOPSY PERFORMED?	AWA	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE
PHYSICIAN: MEDICA						_ 10	YES 2 NO	OF	DEATH?
rsicia		HOSPITAL: 1 Inpetient 2 ER/Outpetien	nt 3 🗆 DOA	OTHER:	PLACE OF OEATH (C)		effy)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE	HOW INJURY OCCU	RED	
MPLETED E	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — building, atc. (Specify)	A1 home, farm,	street, factory, or	fica	26f. LOCATION City or Tow	(Street and Number on n, State)	r Rurel Route	Number,
MPLE	29a. CERTIFIER (Check only one)	HAN: To the best of my knowledg	e, desth occur	red at the time, d	ate and place, and du	a to the cause(a)	and menner as stated	1.	4

cum 1 Kings Dr. Taneytown, MD 21787
32. REGISTRAR'S SIGNATURE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William R. Linthicum

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and dua

29c. LICENSE NUMBER

D14317

31. DATE FILED (Month, Day, Year) '93

296. SIGNATURE AND TITLE OF CERTIFIER

ONm P

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

FOR

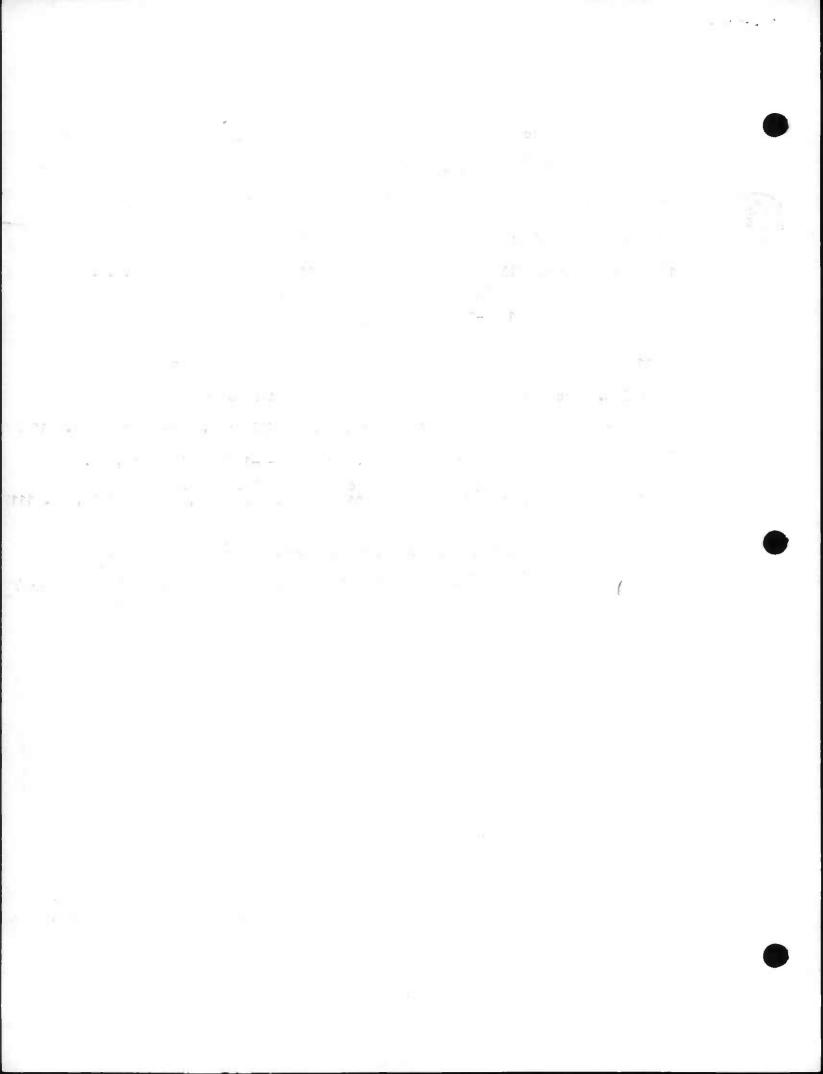
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEATH		3. TIME OF DEATH
Foster Donahue	Mitcheltree				1 - 2 B	7-9	2 245P M
4. SOCIAL SECURITY NUMBER		E (In yrs, jast birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
176-07-7201	AIDM2 OF	75 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Your)		Country) AIAIA
9a. FACILITY NAME (If not institution, give		94	CITY TOWN	OR LOCATION OF D	5-40		Y OF DEATH
WESTUINSTEI RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Ba		ON V, CT)			INSTER		ARROLL
10a. STATE 10b. COUN	ITY	10c, CITY, TO	OWN OR LOCA	TION			10d. INSIDE CITY
Maryland Ba	ltimore						LIMITS?
	Trimore			erstown			1 YES 2 NO
106. STREET AND NUMBER 126 West Chestn 11. MARITAL STATUS 1. Marital Status 1. Marital Status	ut Hill Lane		10	21136			U.S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No— 1	4. RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 YES	ecity Cuban, Mexica 2 // NO Specif	n, Puerto Rican, etc.)		Black, White, etc. Specify: White
15. DECEDENT'S ED	DUCATION	16a. DECEDENT'S USE	JAL OCCUPATION	DN	16b. KIND OF BUS	NESS/INDLE	
15. DECEDENT'S EL (Specify only highest gree Elementary/Secondary (0-12) 11 17. FATHER'S NAME (First, Middle, Lest)		(Give kind of work life. Do NOT use re	done during mo	est of working	THE RING OF BOX	JIIVE 337 IIVD 0	o ini
11	College (1-4 or 5+)	Foremen			Λ	nco St	7
17. FATHER'S NAME (First, Middle, Last)		Foreman					eeT
				The state of the s	IME (First, Middle, Maiden	-	
Royal C. Mitc	heltree			Nett	ie Donahue	2	
19a. INFORMANT'S NAME (Type/Print)	_				Route Number, City or Tow		/
Mary DePaula		126 Wei	st Che	stnut Hi	ll Lane, R	eister	stown MD. 2113
20 METHOD OF DISPOSITION	2	0b. PLACE ANODATE OF D					ty or Town, State
1 ABurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	emetery, crematory or other vergreen Me	nlece!				
21. SIGNATURE OF FUNERAL SERVICE		vergreen ne		ND ADDRESS OF FA		LIIKSUU	rg, MD.
1 P 7	7 10 1.		Eckha	ardt Fune	eral Chapel		
y sour	Estanto						s Mills, MD.21
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	NATE	ULAR L-CAR	INSUI	PAL TI	VAS 15 YEA
	one contributing to death	but not requiting in ti	he underlyin	a cause alven in	Part I. 24a, WAS AN	ALTTOREY	Total Ment Altronov Committee
		Dat not resulting in the	ne underlynr	g cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH					_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL							
EXAMINER?	HOSPITAL:	O	THER:	ACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	1 Inpatient 2 I ER/Ou			e 5 🗆 Residence	6 Other (Specify)		
27. MANNED OF DEATH	(Month, Day, Year)			URY AT	28d. DESCRIBE HOW I	NJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
	28e. PLACE OF INJUS building, etc. (Sp	RY — At home, farm, stree	t, factory, offic	•	281, LOCATION (Street a	ind Number or	Rural Route Number,
4 Homicide determined	bunging, etc. (o)	outy)			City or Town, State)		
	SICIAN: To the best of my kno NER: On the basis of examinat						l. cause(a) and manner as stated.
296. BIRDARUNE AND TITLE OF CERTIF	I Well		D.	29c, LICENSE NUI	48ER + 47	29d. DATE 5	SIGNED (Month, Day, Year)
DANIELI	WELLIVE	DEATH (ITEM 27) (Type, Print)	") 9 M	12 W/	188	TOP	20AB211
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	CHATURE UN ALCOHOLOGICAL PROPERTY OF THE PROPE					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	Richa	rd L.	McDo	onald	l			2. DATE OF DEATH MONTH	22-	-
4. SOCIAL SECURITY NUMBER 230-46-0222	5. SEX 1∭M 2 ☐ F	6. AGE (In yrs. 54	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH JULY 12,1	938	

			Richard	л Г.	McDona	ıld			WONTH	22 -	YEAR OY'S	2.25	
	4. SOCIAL SECURITY NUMB	ER	5. SEX 6.	AGE (In yrs. Is	st birthday) IF U	NDER 1 YE	AR IF UNDER	24 HRS. 7. 1	DATE OF BIRTI	ч	8. BIRTH	PLACE (State or Foreign	\exists
	230-46-0222		1∭M 2 □ F	54	YRS. MON	THS DA	rs Hours	™. Ji	Month, Day, 20 11y 12	,1938	Country	ginia	
	9a. FACILITY NAME (If not ins	_				CITY, TO	VN OR LOCATIO	ON OF DEATH			NTY OF OE	ATH	1
DIRECTOR	So MAN	y/AN	D He	SPIT	TAL	CI	INT	シペ		PI	UNC	E Good	2
EC	10a. STATE	10b. COUNTY			10c. CITY, TO	WN DR L	CATION					10d. INSIDE CITY	-
	Maryland	Princ	ce George	's	F	ores	stville	:				LIMITS? 1 YES 2 THE NO	
3AL	10e. STREET AND NUMBER						10f. ZIP CODE			10g. CIT		HAT COUNTRY?	1
FUNERAL	/IU8 .	Leona S						0747				S.A.	
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEOENT E FORCES? 1	YES 2	RMEO NO	If you	DECENDENT OF A SPECIFY Cuber	n, Mexican, Pu	RiGIN? (Specti erto Rican, etc	ly Yes or No— :.)		- American Indian, White, etc.	
ВУ	3 Widowed 4 Divor	rced	IF YES, GIVE WAR	08 DATES 1961–1	963	1 🗆	YES 2 XINO	Specify:			Specifi Call	casian	1
COMPLETED	15. DECE (Specify only	EDENT'S EDUCA	TION	16a. D	ECEOENT'S USUA Give kind of work on Do NOT use retir	AL OCCUI	ATION most of working	a	16b. KIND O	F BUSINESS/IN		Capian	1
	Elementary/Secondary (0- 12th	-12)	College (1-4 or 5+) N/A				, most se nome.		71000	rican <i>B</i>	ئا تمانا		
MP	17. FATHER'S NAME (First, Mic	chille (ant)	N/A		rew Chi	.er					TLTI	nes	4
Ö	Randolph M		3				18. MOTH		First, Middle, Millian I	,			
BE (19s. INFORMANT'S NAME (7)			15	b. MAILING ADD	RESS (Str	set and Number				o Code)		+
2	Shirle	y M. Mo	cDonald				10 A-F				,		
	20a. METHOD OF DISPOSITION 1 XX Burlal 2 Cremation	ON n 3 🗆 Remov	ral from State	20b. PLACE	ANO OATE DE DIS	POSITIO	(Name of	2 25	DATE 20	c. LOCATION			7
	4 Donation 5 Other	(Specify)		Maryl	ematory or other pi			s Cem	• (Maryland	1
	21. SIGNATURE OF FURESTAL	servige Lice	10	1			E AND ADDRES					me, Inc.	705
_	Josep	1//	man &	de						_		nton, Md20	182
	23. PART 1. Enter the dis shock, or he	seases, of co eart failure. Li	mplications that co st only one cause	on each lin	eath. Do not e e.	nter the	mode of dyle	ng, such as	cardiac or r	respiratory an	reat,	Approximate Interval Between	
	iMMEDIATE CAUSE (Fine disease or condition	al	0.1			,		, ,	0/			Onset and Deatl	
	resulting in death)	→ a.	PU m	DH S	OUENCE OF:	14	rshy	59/	~ pho	515		8 week	
z	-22-15-22-15-2-21-2				,							İ	
CERTIFICATION	Sequentially list condition if any, leading to immed	liate	DUE TO (OF	AS A CONSE	QUENCE OF):								
2	cause. Enter UNDERLYIF CAUSE (Disease or Injur		OUE TO (OF	AS A CONSE	QUENCE OF):								
Ē	that initiated events resulting in death) LAST		302 10 (08	AS A CONSE	QUENCE OF);								
3		d.											
MEDICAL	PART II. Other significar		contributing to de							S AN AUTOPSY RFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
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COMPLETE		letermined											1
MP			AN: To the best of my										1
			On the basis of exam	mattion and/or	investigation, in	my opinic	,		date and plac			and manner as stated.	
H	296. SIGNATURE AND TITLE	- CENTIFIER					29c. LICE	NSE NUMBER		29d. DAT	E SIGNED	Month, Day, Year)	
2	30. NAME AND AOORESS DF	PERSON WHO	COMPLETEO CAUSE (OF OEATH (ITE	M 27) (Type, Print)			8053		1	12	0/13	4
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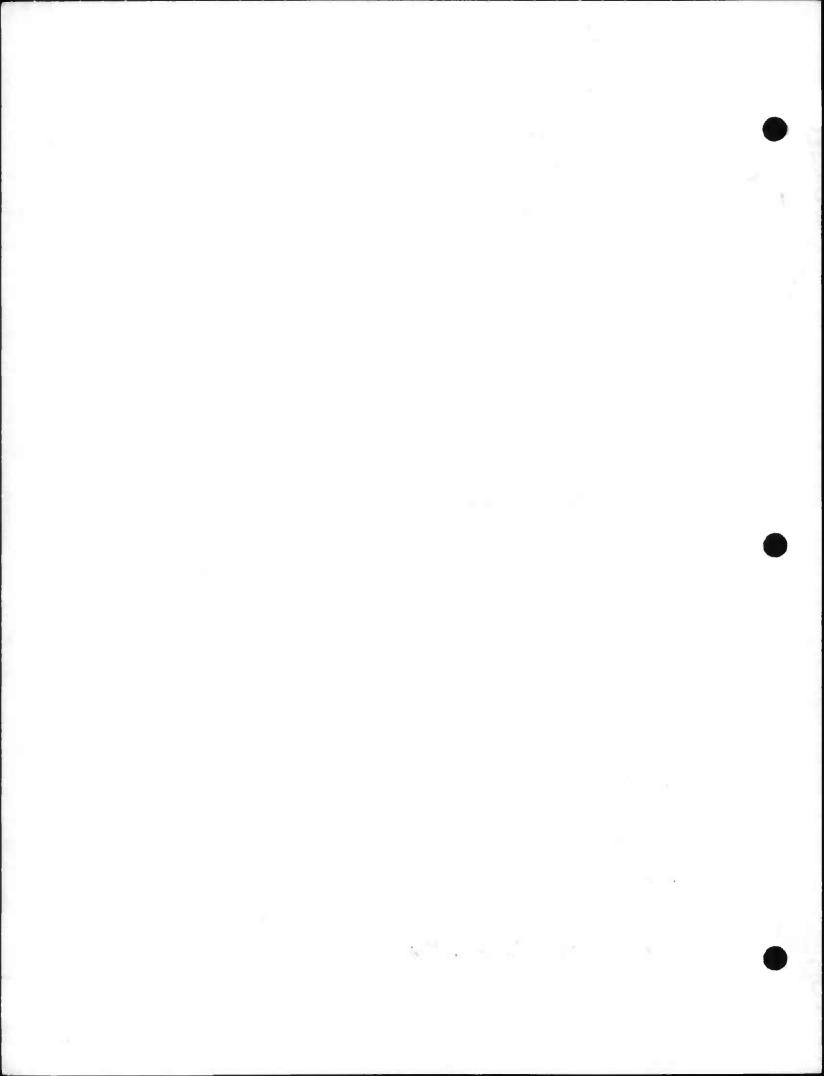
DHMH-16 Rev 1/89

	$\overline{}$	REGISTRAR		CERTIFICAT			IENTAL HYGIENE REG. NO.		
1		1. DECEDENT'S NAME (First, Middle, Last)	100.0				2. DATE OF DEATH DAY	YEA	3. TIME OF DEATH
	ш	HELEN L	MASSEY				2.14	. 93	11.30
CONTRACT	4		SEX 6. AGE (In y/s.	MONTH	E DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign untry)
	Ы	577-32-9178 1	□ M 2 🔀 F 67	YRS.			2-12-26		N.C.
	ECTOR	SO MANY RESIDENCE OF DECEDENT	11000 11	PITAL 96. CI		NTON	ATH	PAIN	0
Pages	DIREC	10a. STATE 10b. COUNTY		10c. CITY, TOWN		777			10d. INSIDE CITY LIMITS?
permit.		Md. Cha	rles	Wal	dorf	ZIP CODE		10a. CITIZEN (1 ☐ YES 2 ☑ NO
Sit	FUNERAL	1905 Hanover C	ourt			2060	,		
physician. burial-transit	3		2. WAS DECEDENT EVER IN U.S.			ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian,
	BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 THE STATE OF TH	Χįмо		ecify Cuban, Mexican 2 NO Specify:		1	lack, White, etc. pecify:
attending se as the				<u> </u>					Black
r use	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	e during mos	ON st of working	16b. KIND OF BUS	NESS/INDUSTR	Y
of for	121	Elementary/Secondary (0-12) (College (1-4 or 5+)						
the hospital detached fo once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Nurs	е	IS MOTHER'S NAM	NUT IE (First, Middle, Maiden S	sing	
at ge	O O	William Avery	Massey				ie Massey	corrianne)	
5 should	8	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street s		oute Number, City or Town	, State, Zip Code	
		Adrienne M. Pr				10a1			
may be		20s. METHOD OF DISPOSITION	20b. PLAC	E AND DATE OF DISP	OSITION (Na	me of	OATE 20c. LOC	ATION — City o	
E Pect		1 Burisi 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	Wash				: 19 9β Sui		
	П	21. SIGNATURE OF PUNERAL SPRVICE CICEN	5//	2	2. NAME AN	ID ADDRESS OF FAC	Lee Fu	neral	Home, Inc.
aner death. Property the funeral moval.		*///JOIN	Wint		0633	Old Ale	exander F	'erry	Road
d within 24 hours afte impletely filled in by the cremation, or removevent, the medical		IMMEDIATE CAUSE (Final	Cardia had	monary	2	ailure			Approximate interval Betwee Onset and Dea
uean certificate be executed at a standing physician and co ental Hygiene prior to burial ury, or other traumatic is	RTIFIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Congestive Due to (OR AS A COME DUE TO (OR AS A COME Chilecys	seouence of:	Sepsi		Cardiomy	Math	7
D E Z =	1	PART ii. Other significant conditions of				cause given in f	Part i. 24s. WAS AN	WTOPSY	24b. WERE AUTOPSY FINDING
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ed by	MEI		Asth 201	4.5			_		1 YES 2 NO
signed by Health and Ws any in							_ i		
requires that it sen signed by of Health and shows any in	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ck only one)		
law requires that the sax been signed by bept, of Health and 23 shows any in				CTIL					
law requires that the sax been signed by bept, of Health and 23 shows any in	YSIC	1 ☐ YES 2 💢 NO	OSPITAL: Inputient 2 - ER/Outputient	3 DOA 4 N	ER:	e 5 🗆 Residence 8	3 Other (Specify)		
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AL OR ATENDING PHYSICIAN: The law requires that the L. DIRECTOR: After this certificate has been signed by 2 hours after death with the State Dept. of Health and It Item 28 is marked, or Nem 23 shows any in	IPLETED BY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only) 1 CERTIFVING PHYSICIA	inpetient 2 ER/Outpetient 28s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY AI	3 DOA 4 N 28b. TIME OF INJURY M home, farm, street, fi	ER: lursing Hom 28c. INJI WO 1 U	URY AT RK? /ES 2 NO	26d. OEŞCRIBE HOW IN 26f. LOCATION (Street as City or Town, State)	nd Number or Ru	al Route Number,
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	Dour	ni bell
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been stoned by the attending obtained and completely filled in by the funeral director name 5 should be detached for use as the burdal-branest name.
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DIVISIO	L OR ATTENDIN	DIRECTOR: Aft.

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for find within 72 hours after death with the State Debt, of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR		THE TOATE	OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
1	TACUSON	MATT	コナビリル	/	MONTH D	YEA!	
	JACKOUN		11000		02 1	+ 73	1040<11
	4. SOCIAL SECURITY NUMBER 5. S	1,	birthday) IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	B. Bit	RTHPLACE (State or Foreign untry)
1 3	577-26-2309	M ² □ F 69	YRS.		Apr. 16, 1		
	9a. FACILITY NAME (If not institution, give street as		9h, CITY	TOWN OR LOCATION OF DE		9c. COUNTY O	
(C)			35.011	TOWN ON COGNITION OF BE	Ain	SC. COUNTY O	PEAIN
2	Washington Adventist	: Hospital	Tako	ma Park, Mai	vland	Prince	Georges
ည	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						
DIRECTOR	IOS. COOK!		10c. CITY, TOWN O	R LUCATION			10d, INSIDE CITY LIMITS?
	Wash. D.C. North-We	st					1 TYES 2 NO
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	6507 Piney Branch Ro	ad N U		20012		77 0 0	
Z			MED 12.1	AAS DECENDENT OF HISPAN	IO ODIONO IO II V		itizen ACE — American Indian,
		WAS DECEDENT EVER IN U.S. ARI FORCES? 1 A YES 2 N		f yes, specify Cuban, Mexica	n, Puerto Ricen, etc.)	or No.— 14. K.	lack, White, etc.
BY		/04/43 - 02/11	11.6	☐ YES 2 X NO Specify	r:	1	pecify:
	I					IB1a	
19	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	leted) (Gh	DEDENT'S USUAL OF	CUPATION furing most of working	16b. KIND OF BUS	SINESS/INDUSTR	r
iw i	Elementary/Secondary (0-12) Col	Hege (1-4 or 5+)	Do NOT use retired.)				
<u>a</u>	10th 1	n/a Disp	lay Tran	sporter	Smithson	ian Inc	stituto
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		2 LILUICE
E C	Andrew Jackson			D 1		,	
8	19a, INFORMANT'S NAME (Type/Print)			Bertha .			
2		190.	. MAILINO ADDRESS	(Street and Number or Rural F	Route Number, City or Town	n, State, Zip Gode)	
	Amanda Jackson	65	07 Piney	Branch Road	. N.W. Was	h. D.C.	20012
	20s. METHOD OF DISPOSITION 1.0 Burlel 2 Cremation 3 Removal for	20b. PLACEA	ND DATE OF DISPOS			CATION — City or	
1	4 Donation 5 Other (Specify)		natory or other place)	emetery 2/1	0/02 Bron	trood	Marryland
ΙI	21. SIGNATURE OF FUNERAL BERVICE OCCURSE	E E		NAME AND ADDRESS OF FA		LWOOU,	Maryland
		111		rt Lincoln F		e. Inc.	
	1660	poll		01 Bladensbu			
	23. PART I. Enter the officeres, or compl	ijections that caused the dec	eth. Do not enter	the mode of dving, such	as cording or respi	retory arrest	Approximate
1	shock or hear failure. List o	only one cause on each line.	aun. Do not enter				Interval Between
. 1	iMMEDIATE CAUSE (Final	0.1.1		-, A.	ruction or lun		Onset and Death
	disease or condition resulting in death)	Canaro Re	esproa	and new	36		10 Minions
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으	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQ	UENCE OF): /)		4		
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ו צו				100 / //		y	
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L CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		U V	deduing cause given in	Part i 24a MECAN	V I	
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08:30

DHMH-16 Rev 1/89

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REG. NO.

2. DATE OF DEATH

FEBRUARY

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hours after death. Page 6 may be retained by the hospital or attending physician. detached for use as the 2 funeral director, page 5 should signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal.

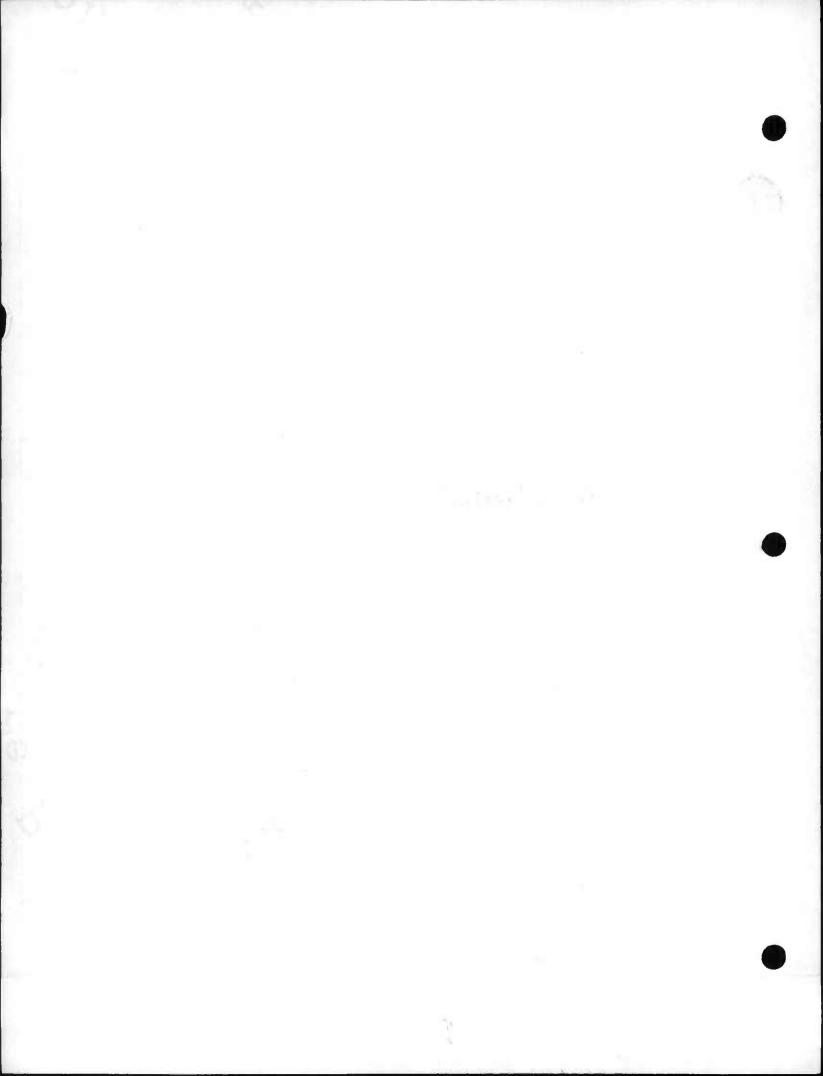
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Qay, Year)
DEC. 14, 1904 IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 XF HOURS 579-42-6256 88 Ukraine YRS. 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. CDUNTY OF DEATH TADYS SPELLMAN NURSING CARE CTR CHEVERLY PRINCE GEORGE'S DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Cheverly XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2900 Mercy Lane U.S.A. burlal-transit 20785 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 12 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname) Wasyl Moroz notified at Justine UNKNOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Daria Melech 3819 58th Avenue, Hyattsville, Maryland 20784 must be 20a. METHOD OF ORDINOSTRON
1 M Burter 2 Cremeton 3 Ba
4 Dignation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Cedar Hill Cemetery Suitland, Maryland 21. SIGNATURE OF FUNDALL SERVICE LICE examiner 22. NAME AND ADDRESS OF FACILITY
Rendon/Hale Lanham Funeral Home acri 9013 Annapolis Road, Lanham, Maryland 20706 event, the medical 23. PART I. 5 nter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreet, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) 3 months DUE TO (OR AS A CONSEQUENCE OF): contenyolothy traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF) cause. Enter UNDERLYING CAUSE (Diseese or Injury or other t DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 10 thyrocdom COMPLETION OF CAUSE 1 TYES 2 THO 1 - YES 2 NO e Dept. of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) certificate h **EXAMINER?** HOSPITAL: 1 | YES 2 | 10 1 | Inpatient 2 | ER/Outpatient 3 | DOA the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) this c. 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED 28 is marked, 1 Netural
2 Accident 1 YES 2 ND After 1 death BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined DIRECTOR: / COMPLETED 4 🗌 Homicide TO THE HUSPITAL OR ATT
TO THE FUNERAL DIRECT
De filed within 72 hours at
IMPORTANT: If Item 2 29a. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER
22079 29b. SIGNATURE AND TITLE OF CERTIFIER BE Alterdis ild. 12/12/ 23 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) dechront H. YABLONOWITH Me 10300 Greenbelt 2 9 1993 Randa 80



3. TIME OF DEATH

2. DATE OF DEATH DAY

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attendir	ntal Hyg	V. Or C
by the	nd Mer	Inlur
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filli	within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation,	TANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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has	ã	23
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After	death	E
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FUNE	within	TANT

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1040 AH EUISE MCBRIDG 3 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 579-02-9549 1 - M 2 F 25 9-8-6 WASH.D.C. 9b. CITY, TOWN OR LOCATION OF DEATH DC COUNTY OF DEATH PRINCE GEORGE'S HOSPITOR CENTER FUNERAL DIRECTOR CHEVERU 11000 RESIDENCE OF DECEDENT 19b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MA ANDOVER 1 YES 2 NO 10e. STREET AND NUM 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 202 CIRCLE CAK 20785 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВҰ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) SECRETARY DEPT OF COMMERCE 2 YRS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GREGORY TURNER notified at BE SANDRA FIELDS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 202 Royal Oak Circle Landover MD 20785 SANDRA TURNER å 20a. METHOD OF DISPOSITION

1X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Mary Land
Mary Land National 4 Donation 5 Other (Specify) Laurel MD 21. SIGNATORE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY MODERN FUNERAL HOME 3821 14th ST.N.W. D.C. medicai 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ · ACQUIRED IMMUNOSEFICIENCY SYNDROME resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | PER/Outpatient 3 | DOA ne 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide IMPORTANT: If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated, 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, Deputy Medicipo. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIF 29d, DATE SIGNED (Month, Day, Year) 12-22-93 2 4203 are mo 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE FEB 2 1993



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BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	r the funeral director, page 5 should be detached for use as the burial-transit permit. Proval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the brided within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

TMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	SIAIE UF N					TEALTH DEAT		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		100	lle			DLA.		2. DATE OF DEATH MONTH DA	5 ×	VEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t			R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	4	a. BIRTHP	7:30 P M
	UNAVAILABLE	1 🗆 H 2		YRS.	MONTHS	DAYS	HOURS	MM.	(Month, Day, Year) MARCH 15,1	936	Country))
_	9a. FACILITY NAME (If not institution, give s	street and number)						ON OF DEA	ATH	9c. COUP	NTY OF DE	
5	570 BEACON RD				SIL	VER	SPRI	NG	MD.	P.G	•	
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CI7	ry, town (OR LOCAT	TION					10d. INSIDE CITY
	MD	PG.		SII	VER	SPRI	NG					LIMITS?
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE	E		10g. CITI	ZEN OF WI	HAT COUNTRY?
NE	570 BEACON RD	1					2090				ARAGU	
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	NT EVER IN U.S. ARMI	ED)		If yes, spe	ecity Cuber	n, Mexican,	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No-	Black,	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES YES	2 NO		NICARAGUA		Specify	HISPANIC
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Give	e kind of	USUAL O	during mo:	ON ost of working	207	16b. KIND OF BUS	INESS/IND	USTRY	
ZE	Elementary/Secondary (0-12)	College (1-4 or 8 -	+) #fe. D	Do NOT us	ise retired.)	-						
MO	9th 17. FATHER'S NAME (First, Middle, Last)		DJ	ISAB	LED		14 MOTI	USD'S NAM	NONE (First, Middle, Malden :	2		
S	JOSE F. QUINTER	10					1		ALEGRIA	Surname;		
TO BE	19a. INFORMANT'S NAME (Type/Print)						and Number	or Rural Ro	oute Number, City or Town			
۲	MARTHA C. CLAROS	(DAUG							PRING, MD.			
	20a, METNOD OF DISPOSITION 1 X Buriet 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	at 2 Cremation 3 Removal from State Complexy-orange participation (remained)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W. H. BACON FUNERAL HOME INC.											
	· Wats	Leon	2	276					ERAL HOME ET,N.W.WAS		TON F	20010
	23. PART i. Enter the diseases, or	complications the	t caused the dear		10	the mo	de of dyi	ing, such	ss cardiec or respi	ratory err	rest,	Approximate
	shock, or heert failure. iMMEDIATE CAUSE (Final			0								Interval Between Onset and Death
	diseese or condition resulting in death)		CUre	Ka	25 pir	rc to	my	fal	lure			Ihour
		DUE TO	OR AS A CONSEQU	UENCE O	PF): ""		4					3 201
NO	Sequentially list conditions, if any, leading to immediate		OR AS A CONSEOU									1 mays
CAT	csuse. Enter UNDERLYING CAUSE (Disease or injury	c	14xeden	na	61	na						6 months
	that initiated events resulting in death) LAST	1. 1	(OR AS A CONSEQU	JENCE OF	IF):							
CERTIFICATION	resulting in destily EAST	d	mpothy	rolot	lism							2 years
ICAL C	PART II. Other significent condition					nderlying	j ceuse ç	iven in P				WERE AUTOPSY FINDINGS
DIC	Myoxic	bhu	enhalopa	atl	hy				PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MED					•					-		1 - YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL	T										•
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	1204	OTHE	R:		EATH (Chec				
HA	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	AE OF	28c. INJU	URY AT		28d. DESCRIBE HOW IN	JURY OCC	CUREO	
ВУ Р	1 Netural 5 Pending Investigation	(Month, D	ay, Ybar)	INJ	JURY M	1 Y	PRK?				-	
	3 Suicide 8 Could not be	28e. PLACE O building,	OF INJURY — At home etc. (Specify)	e, ferm,	street, fact	tory, office		- 1	281. LOCATION (Street as City or Town, State)	nd Number	or Rural Ro	ute Number,
E	4 Homicide determined		23 182									
COMPLETED	29a. CERTIFIER (Check only one)											
8	2 MEDICAL EXAMINE		xamination and/or inv	/estigatio	on, in my o	opinion, de	auth occurr	ed at the til	me, date and place, and	I due to the	a cause(a)	end manner es stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIED	MAMA	n.	CZA			29c. LICE	NSE NUMB	SER S	29d. DATE	E SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAU	SE OF DEATH (ITEM,	et) (Type	, Print)		D	1232	20	2	2123	, 193
	Alfred Munz	er, M.D.	7600 (Ön		AVI	ense	Ta	examp Pa	rk,	MD	20912
	FEB 2 4 19		R'S SIGNATURE	平	ndell	•						

FEB 2 4 1533 She dimentification

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) MARY MOT	2R15				2. DATE OF DEATH	793 YE	3. TIME OF DEATH 7:45P M
	4. SOCIAL SECURITY NUMBER 229 – 26 – 1549	1 □ M 2 15 F 7		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1918	CULPEPER VA
LOB	98. FACILITY NAME (If not institution, give st PRESIDENTIAL WO			ALDEL	PHI M	EATH D	9c. COUNTY	OF DEATH P.G
DIRECTOR	10a. STATE 10b. COUNTY MD P. C			TOWN OR LOCA		d.Aldeph	i	10d, INSIDE CITY LIMITS? XXYES 2 □ NO
FUNERAL	100. STREET AND NUMBER 1801-METERROTT	Rd.		- 1	20783		10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXVIO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specif	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. SpecifyBLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS						
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meider,	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) JULIA TOWLER		19b. MAILING A	DORESS (Street a	nd Number or Rural	Route Number, City or Tov	n, State, Zip Coo	#101
	20s. METHOD OF DISEOSITION 1XX Burley 2 Committee 3 Permittee 3 Pe	H7	PLACE AND DATE OF electy Cremetory or othe RMONY	DISPOSITION (NO DISPOSITION (NO EMETE	nme of RY	1	NDOVE	
	21. SIGNATURE OF FUNCTIAL SERVICE LICE	den		225-	MISSOUR	ERAL SERV RI AVE, 1	J.W.	20011
	23. PART L Enter the diseases, or of shock, or heart failure L IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CAPLE DUE TO (OR AS A	CONSEQUENCE OF):	vencu	las inc	illu. l'è	proxy	lega
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions Subt fee	contributing to death b	ut not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF OEATH (Ch	eck only one)		
	1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 Inpetient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJ		8 Other (Specify) 28d. DE\$CRIBE HOW	NJURY OCCURE	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, etre			261, LOCATION (Street City or Town, State,		ural Route Number,
COMPLETED		IAN: To the best of my knowl						use(s) and manner as stated.
TO BE C	296 SHOWATURE AND TITLE OF CERTIFIER	n aun	40		29c. LICENSE NUN D04483	ABER		SNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO Till Bergemann, M.				t, MD 20	770-1836		
	S1. DATE FILEO (Month, Day, Year) FEB 2 4 199	32. REGISTBAR'S SIGN	ATURE AND AND AND AND AND AND AND AND AND AND					



FEB 1993 Splinten Sprinter

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEI		
	- }	1. DECEOENT'S NAME (First, Middle, Last)	G. Marker				2. DATE OF DEATH		3. TIME OF DEATH 12:37 PM m
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Feb. 13		
pine		212 24 4757 Se. FACILITY NAME (If not institution, give s	1 👾 M 2 🗆 F	63 YRS.	MONTHS DAYS	HOURS MIN.	Jan.7 = 19	930 м	BIRTHPLACE (State or Foreign Country) aryland
	стов	Anne Arundel Med			Annap	OR LOCATION OF DE	АТН	9c. COUNTY Anne	Arundel
(學學》)	<u> </u>	10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
permit.	AL DIRE	Maryland Anne	Arundel	Da	avidsonv				LIMITS? 1 YES 2XXNO
eg.	ERA				101	ZIP CODE			OF WHAT COUNTRY?
ND 21215-0020 hospital or attending physician. ached for use as the burial-transit	FUNE	674 Discovery Co	12. WAS DECEDENT EVER IN	IIIS ADMEO	12 WES DEC	21035	IC ORIGIN? (Specify Ye		ed States
D20 physic burial		1 Never Married 2 XXMarried	FORCES? 1 TYPES	2 NO	If yes, sp	ecify Cuben, Mexical	n, Puerto Rican, atc.)	10 or No.— 14.	RACE — American Indian, Black, White, etc.
5-0020 nding physic is the bunal	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR ON DA	ALES	1 L YES	2 XNO Specify	No		Specify: White
aften atten se as	8	15. DECEDENT'S EDUC (Specify only highest grade	CATION		USUAL OCCUPATION		16b. KIND OF BU	USINESS/INDUST	RY
27 al or for u	ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during mo se retired.)	st of working			
ND hospits ached	MP.	10		Builder	r-Develo	per	Cons	structi	on
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)	
8 6 6 A	BE	Ernest A. Mai	rker			Viola	a Marx		
MAHY retained by 5 should b	10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F	loute Number, City or To	wn, State, Zip Coc	ie)
40	-	Theresa A. Marker	<u> </u>	674 D	iscovery	Con	urt Davi	idsonvi	lle Md. 21035
may be		20e METHOD OF DISPOSITION 1 ♀ Burlel 2 □ Cremation 3 □ Remo	20b	PLACE AND DATE (OF DISPOSITION (Na	me of	DATE 20c. L	OCATION - City	or Town, State
Page 6 ma al director, p		4 Donation 5 Other (Specify)	La	akemont N	demorial	Gardens	2/16/93	Davids	onveille Md.
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		D ADDRESS OF FAC		- D A	
after death. y the funeramoval. cal exami		* Holleit C	. Crans	toes			ineral Hom		• yland 20715
ted within 24 hours after completely filled in by the ial, cremation, or removals event, the medical		23. PART I. Entar tha diseases, or c shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cer See	the dasth. Do nach line.	not enter the mo	de of dying, auct	carde	piratory arrest,	Approximate interval Between Onset and Death
th certificate be executed physician and if Hygiene prior to burd or other traumatic	CERTIFICATION	Sequentially list conditiona, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF	9 :	Leave	enle "	Lisea	sted.
2 8 8 3	AL C	PART ii. Other significant condition	s contributing to death be	ut not resulting I	n tha underlying	cause given in i	Part I. 24s. WAS AI	N ALITOPSY	24b. WERE AUTOPSY FINDINGS
v requires that the been signed by to of Health and shows any I	MEDIC							RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2 9 2 -	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Che	ck only one)		
SICIAN: The Certificate the State	YS.	1 TYES Z NO		atient 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence	8 Other (Specify)		
F H Signature	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INVURY (Month, Day, Year)	28b. TIMI	URY WO		28d. DESCRIBE HOW	INJURY OCCURE	:0
TTENDII TOR: A after de 28 Is		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— Al homa, lerm, a	itreet, factory, office		281. LOCATION (Street City or Town, State		ural Route Number,
절절었는	COMPLE		CIAN: To the beat of my knowl						use(a) end manner as stated.
TO THE HOSPI TO THE FUNEF be filed within IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	hely	M.D		29c. LICENSE NUM DO9	357	29d. DATE SIG	GNED (Month, Day, Year) 1693
(45)		30. MAKE AND ADDRESS OF PERSON WHO	0		Print)				
5		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE					

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)			JAIL OI	DEATH	2. DATE OF DEAT MONTH	H DAY	YEAR	3. TIME OF DEATH
	Marjorie M. 4. SOCIAL SECURITY NUMBER	Mever 5. SEX 6. AGE ((In yrs. lest birthday)	120220		2/27/			М
	104-01-4319	1 □ M 2 😾 F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes 6/2/14	nr)	Country	PLACE (State or Foreign YOrk
~	9a. FACILITY NAME (If not institution, give str		9	b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNT		
DIRECTOR	X 1598 Chocataw Ro	1		Arnold			Anne	Ar	undel
H	10a. STATE 10b. COUNTY		10c. CITY,	TOWH OR LOCAT	ION				10d. INSIDE CITY LIMITS?
		Arundel	Ar	nold				_	1 YES 2 T NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZI	EN OF W	HAT COUNTRY?
Ä	1598 Chocataw Rd.				21012		U.S	.A.	
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specifing, Puerto Rican, etc.	y Yes or No- 1	4. RACE	- American Indian, White, etc.
BY	3 TWidowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 TO Specif	y:	.,	Specif	
	15. DECEDENT'S EDUC	ATION	44-	<u> </u>					White
COMPLETED	(Specify only highest grade of	completed)	16a, DECEDENT'S US (Give kind of work life. Do NOT use n	WAL OCCUPATION k done during mos	N at of working	16b. KIND OF	BUSINESS/INDU	STRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)							- 1
M	17. FATHER'S NAME (First, Middle, Last)		Secreta	ry		Offi			
	Charles		,			ME (First, Middle, Ma	iden Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	Spec			Esther		Mad		
2						Route Number, City or		Code)	
	Marjorie LaRosa 20a. METHOD OF DISPOSITION		1598_C	nocataw	Rd. Arn	old, MD	21012		
	1 XBuriat 2 Cremation 3 Ramon	rel from State 20b.	.PLACE AND DATE OF	DISPOSITION (Na	E Mout		I UUSTIĞN — CI	tv or To	vn, State DAVIDSONVILLE
	4 Donation 5 Other (Specify) 21. SIGHATY SE OFF MERAL SERVICE LICE			- in		3/1:1	6	4 *	MD
	1///	72		22. NAME AN	D ADDRESS OF FA	CILITY	495 Ri	tahi	O Utar
	La Cu.	Duran	15	Barra	nco Fune	ral Home			ark MD21146
	23. PART Enter the diseases, or co	mplications that caused	the death. Do not	enter the mod	le of dying, suc	h es cerdiec or n	espiratory arres	st,	Approximete
	shock, or heart fellure. Li	st only one cause on ea	ech ilne.						interval Between Onset and Death
	disease or condition	Carely	~ / in	faret	t office				Oliset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF)	2401	un				6 days
z		Hune. I	Ineria !						Years
은	Sequentially list conditions, if eny, leading to immediate	DUE TOYOR AS A	CONSEQUENCE OF):						120003
CERTIFICATION	cause. Enter UNDERLYING	-							1
프	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):						
E	resulting in deeth) LAST	-							
	DART ii Other significant conditions	and the time to death.				-		_	
SAL	PART ii. Other significant conditions	contributing to death bu	ut not resulting in t	the underlying	ceuse given in	Part i. 24a, WAS	S AN AUTOPSY IFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						1 YE	S 2 NO	1	COMPLETION OF CAUSE OF DEATH?
M								1	1 TYES 2 NO
ż									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		-	
S		1 Inpetient 2 ER/Outpe		THER: Nursing Home	5) Residence	6 Other (Specify)			
7	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		RY AT	28d. DESCRIBE HO	W INJURY OCCU	RED	
BY	Nstural 5 Pending 2 Accident Investigation	(, 0.0), 10/			S 2 NO				
	3 Suicide 8 Could not be	26a. PLACE OF INJURY building, etc. (Special	- At home, farm, street	et, factory, offica		261. LOCATION (Str	eet and Number or	Rural Ro	oute Number,
1	4 Homicide determined		• • • • • • • • • • • • • • • • • • • •			City or Town, S	tato)		
COMPLETED	29a. CERTIFIER Check only	AN: To the best of my knowle	edge, death occurred a	t the time date :	nd place, and due	to the cause(s) and	manner on stated		
M	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, in	n my opinion, de	sth occured at the	time, data and place	and due to the	· rausa(a)	and manner on stated
	29b. SIGNATURE AND TITLE OF CENTIFIER	. 1 1/							
H	1	N N.	. 1		29c. LICENSE NUN	TO O	29d. DATE S	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM OT		105	710	M	us	1,1773
	Charles 1	N. Kinz	RY M	D. A	nnas	olis.	MD	21	401
	MAR 0 4 1993	Julia Davidson	Windsel.	,	J	1,-1			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

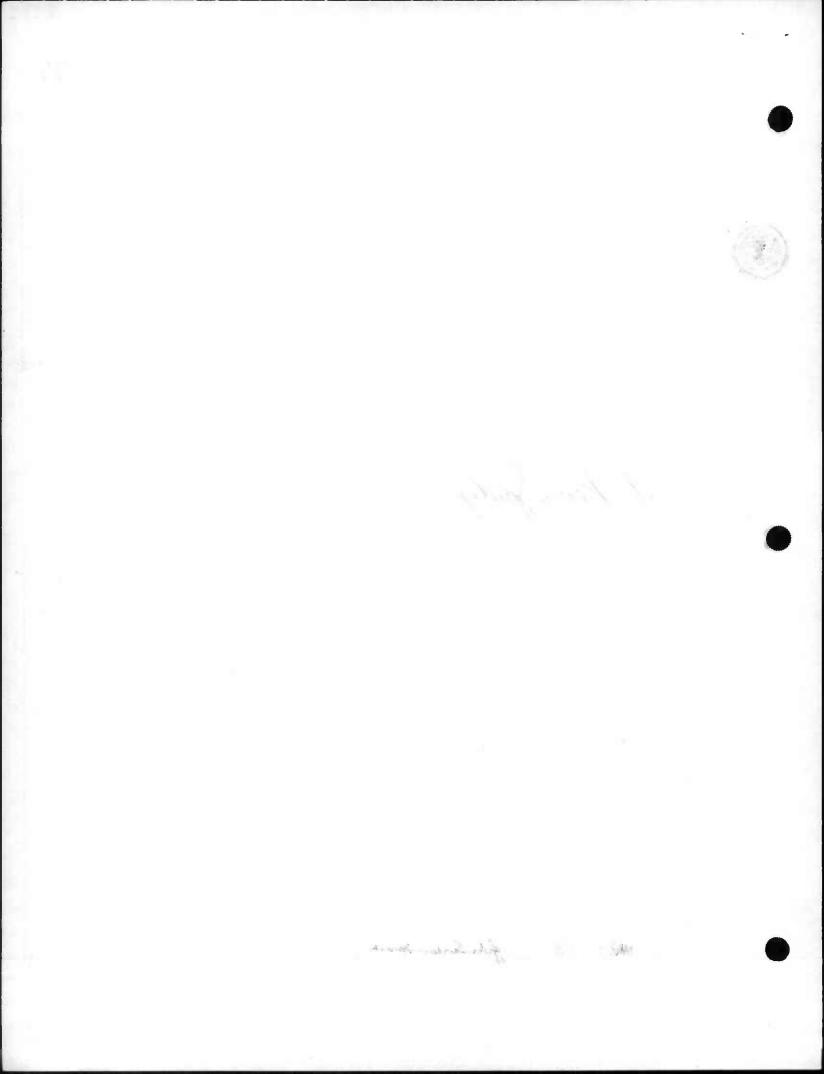
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlait be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

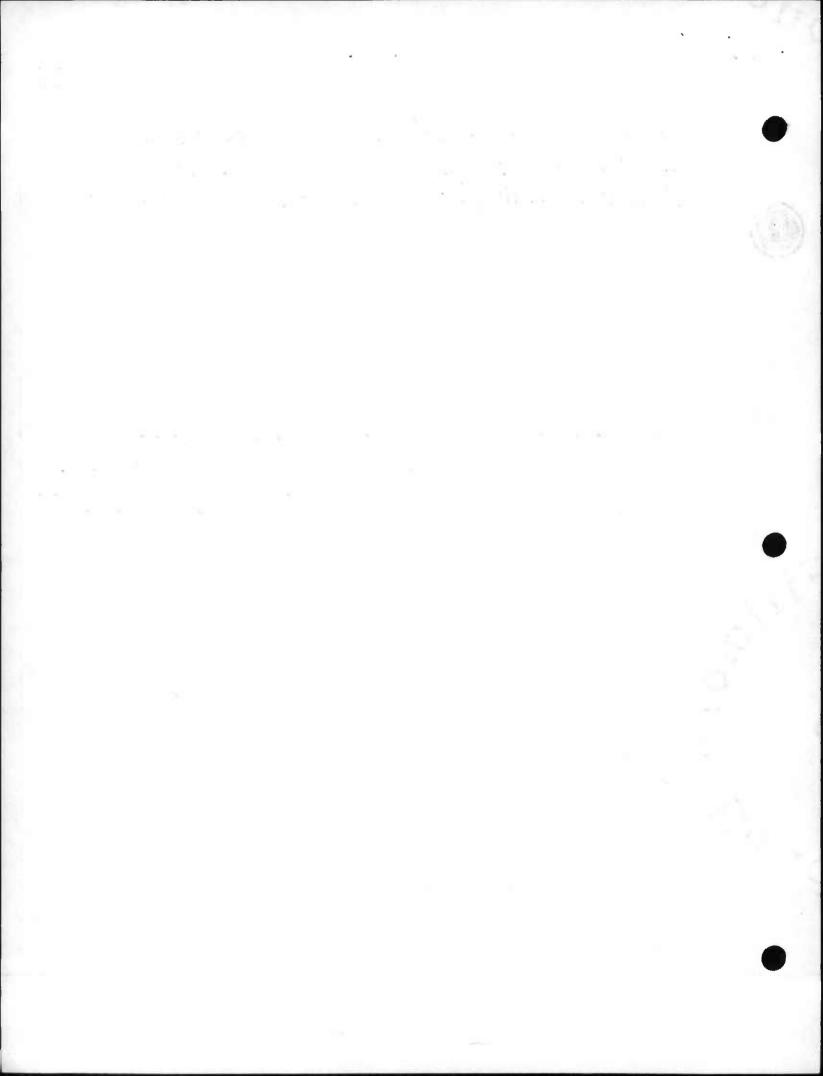
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-					2. DATE	OF DEATH			3. TIME OF DEATH
	DCROTHY EMM	1A M	ORLOCK				MAR	I DA	1 7	PEAR 993	8:34a w
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	_	OF BIRTH			PLACE (State or Foreign
	216-36-0286	1 M 2 TF	56		MONTHS DAYS		(Month	, Day, Year)		Country	7)
	9a. FACILITY NAME (If not institution, give s	21	30		4. 4.37.		JAN	. 14,	1937		RYLAND
or !						OR LOCATION OF D	EATH		9c. COUNT	Y OF DE	EATH
2	CARROLL COUNTY	GENERAL	HOSPI	TAL	WESTM	INSTER			CARI	ROL	L
DIRECTOR	10s, STATE 10b, COUNTY	,		10c CIT	Y, TOWN OR LOC	ATION					10d, INSIDE CITY
<u>E</u>	MARYLAND CARE	OTT									LIMITS?
	100. STREET AND NUMBER	(0111		TA.	NEYTOW						1 TES XX NO
FUNERAL	4015 HARNEY ROA	. D				Of. ZIP CODE			10g. CITIZE		HAT COUNTRY?
W							787			US	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1				CENDENT OF HISPA			or No 14	RACE Black	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W				S 2 NO Speci				Specif	y:
											CASIAN
	15. DECEDENT'S EDU- (Specify only highest grade		/Gr	ve kind of	WORK done during i		16b.	KIND OF BUS	SINESS/INDUS	STRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+))	Do NOT us							
Z	12 years		HO	MEM.	AKER			OMEST			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, A	Aiddle, Maiden	Sumame)		
BE	RINEHARD CHAP	RLES H	ENRY		HULZE	DOROT					ERPUSHE
2	19s. INFORMANT'S NAME (Type/Print)					end Number or Rural	Route Numb	er, City or Town	n, State, Zip Co	ode)	
- 1	CHARLES W. MORI	JOCK	4	015	HARNE	Y ROAD	TAN	EYTOW	N, MA	ARY	LAND 21787
	20e, METHOD OF DISPOSITION 1 X Burisl 2 Cremation 3 Rem	oval from State	20b. PLACE A		OF DISPOSITION	Neme of	DATE	20c. LO	CATION - CIT	y or To	wn, State
	4 Donation 5 Other (Specify)		TRINI	TY	LUTHER	AN CEM	3/	8 TAN	EYTOV	VN,	MARYLAND
	21. SIGNATURE OF FUNERAL SURVICE LIC	ENSEE	/		22. NAME	AND ADDRESS OF F	CIUTY 1	36 EA	ST BA	ALT	IMORE ST
	· SP Vaix	· Wid	in			LES FUN					
	23. PART I. Enter the diseasea, or o	a guer	Augustana da	oth Do							
- 1	shock, or heart failure.	List only one cour	e on each line	ath, DO (iot enter the n	loae or aying, suc	on aa card	iec or reepi	retory arrea	ıt,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0				□ P .					Onset and Death
	reaulting in death)	+C	LMON	LAY	24 /2	DIM	0,				1hr
		DUE TO (OR AS A CONSEC	DUENCE O	F):	DEM					
Z	Sequentially list conditions,	a 0 V				1 MCR	1				04115
Ĕ	If any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE O	F):						
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	0									
Ë	thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE O	F):						
CERTIFICATION	readiting in death) EAST	d									
	PART II. Other eignificent condition	s contributing to	deeth but not n	esulting	in the underlyi	no ceuse given in	Part I	24s. WAS AN	ALITOPEV	245	WERE AUTOPSY FINDINGS
DICAL	-					ing course given in		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
							-	1 YES 2	NO		OF DEATH?
Σ							_ [1 YE\$ 2 NO
PHYSICIAN: ME											
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. OTHER:	PLACE DF DEATH (CI	neck only on	9)			
۲ <u>S</u>	1 TES 2 No	1 Inpatient 2	ER/Outpatient 3	□ DOA		me 5 🗆 Residence	8 🗆 Other	(Specify)			
됩	27. MANNER OF DEATH	28e. DATE OF I (Month, De		28b. TIM INJ		JURY AT	28d. DES	CRIBE HOW II	NJURY OCCU	RED	
B⊀	Natural 5 Pending Investigation				M 1	YES 2 NO					
	3 Suicide 8 Could not be	28s. PLACE OF building, a	INJURY - At horate. (Specify)	me, farm,	street, factory, of	les		ATION (Street a	nd Number or	Rural A	oute Number,
COMPLETED	4 Homicide determined						J	a lown, otale)			
ן ב	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of r	ny knowledge, de	nth occum	ed at the time de	te and place, and du	to the cau	ee(e) end man	nor on stated		
ž	(Check only one) 2 MEDICAL EXAMINE										and manner se stated
		- //		- 1012							
띪	29b. SIGNATURE AND TITLE OF CERTIFIED	h	- M,	9		29c LICENSE NU	MBER		29d. DATE S	IGNED	(Monte, Day, ber)
ဝ	20 MARIE AND LIGHTON	2 00000	1/6			114)330	>	- 3	15	175
- 1	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	E OF DEATH (ITER	1 27) (Type,	Print)	-	011-121	0	0		0
	JUIN LEHT	UU,	08/	VIA	10/10	7.1	MI	NB	14DC	JE	MY
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	50	and a)'
- 10	MARKET A. TELLI	4.	Ma 4.	. Alban	d 4 802°						



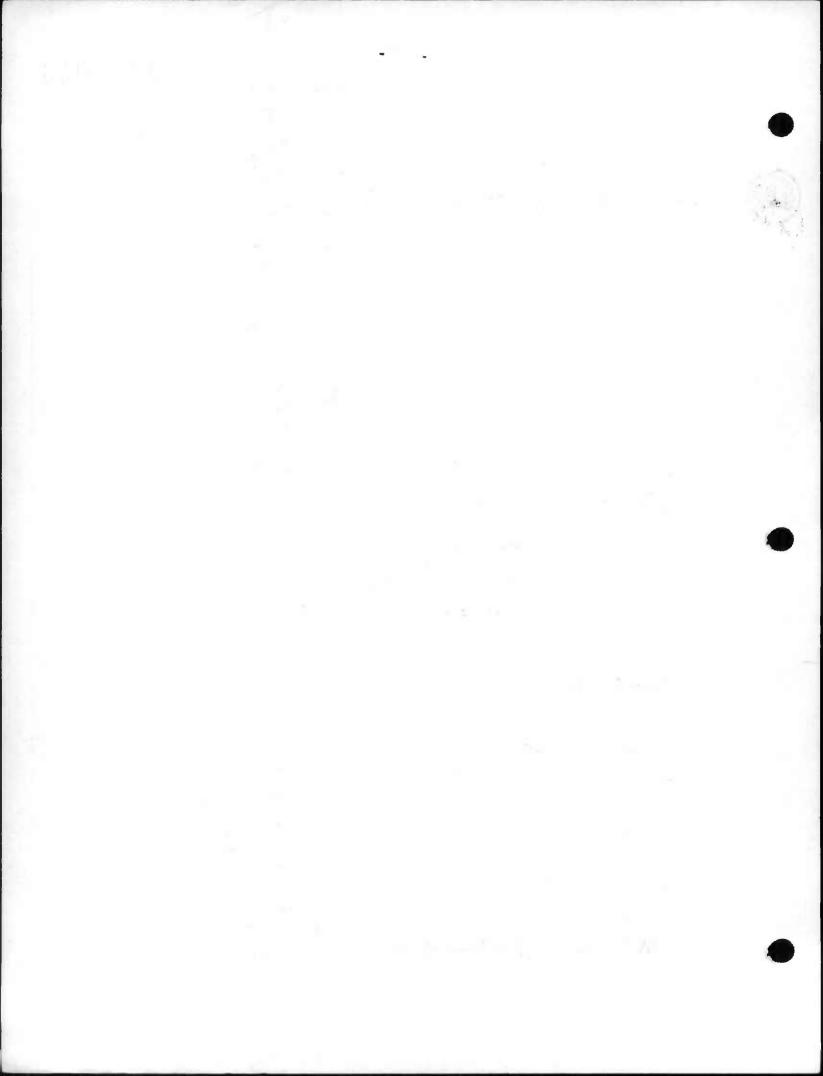
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be a second by the standard by the attending by the second by the secon	be lied within 72 hours after begin with the state begin, on health any wenter that movement, the medical examiner must be notified at a MPORTANT. If them 28 is marked, or them 23 shows any Injury, or other traumatte event, the medical examiner must be notified at
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH		AL HYGIEN	E 93	0/1/5
	1. DECEDENT'S NAME (First, Middle, Last) Amanda	- Cui	streld	sfield	C	3 04	. 93	AR 3. TIME OF DEATH / M
	4. SOCIAL SECURITY NUMBER 215 30 130 4	5. SEX 1 M 2 X F 6. AGE (In yr	S. lest birthday) IF UNI VRS. MONTH	DER 1 YEAR IF UNDER :	MIN. (Mo	C. 24,		BIRTHPLACE (State or Foreign Country) Virginia
TOR	98. FACILITY NAME (If not institution, give strains of the control	11 - 1	1 P	al Stor	N OF DEATH		9c. COUNTY Hav	
DIRECTOR	10a. STATE 10b. COUNTY		100.5	N OR LOCATION	_	_		10d. INSIDE CITY LIMITS?
	Maryland Har	ford	Fall:	Ston 101. ZIP CODE			10g. CITIZEN	1 TYES 2 NO
FUNERAL	1804 Connolly Roa	1 Connolly Road 21047 USA						A
F YES, GIVE WAR OR DATES 1 YES 2X NO Specify: Specify:					RACE — American Indian, Black, Whita, etc. Specify: White			
TED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	Give kind of work do	ne during most of working	7	66. KIND OF BU	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Trimmer	1.)	I	Rubber	Produc	ts
CO	17. FATHER'S NAME (First, Middle, Last)	T			ER'S NAME (First			
BE	Joseph Buck!	es Lawson	196. MAILING ADDRI	Sa: Street and Number		Anne:	Witt n. State. Zio Coo	io)
1	Shirley A. Rice	and a De D		IcNabb Road				
	28a. METHOD OF DISPOSITION 1.X Burlel 2 Cremation 3 Remove	val from State cemeter	ACE AND DATE OF DISP	OSITION (Name of	D	TE 20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Be		orial Gard		8 - 913	Bel	Air, Md.
	Hourse K.	Ma Com	0070					1 Home, P.A.
	23. PART I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one ceuse on eech	CARCI	Work A	ng, such as ca	irdlec or respi	ratory arrest,	Approximete interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	•			7 ~	y ich r	
LCE	PART II. Other significent conditions	contributing to death but r	not resulting in the	underlying cause g	Iven in Part I.	24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
I: MEDICA						PERFOR	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DE	ATH (Check only	one)		
HYSI		1 Inpatient 2 ER/Outpatie		lursing Home 5 Res		her (Specify)	HINDY COOLIN	-
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	- C-VI	ESCHIBE HOW I	NJUNY OCCURI	EU
	3 Suicide 8 Could not be datermined	28s, PLACE OF INJURY — j building, atc. (Specify)	At home, farm, street, f	actory, offica		OCATION (Street a fy or Town, State)		tural Route Number,
COMPLETED		IAN: To the best of my knowledg : On the besis of examination an						use(a) and manner as stated.
BE	286. SIGNASTINE AND TITLEFOR CENTIFIER	V m	7	29c. LICE D317	NSE NUMBER		29d. DATE SH ▶ 3/9	GNED (Month, Day, Year)
0	39 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(INEM 27) (Type, PAN)	FUSTO,	JAD !	MAR	y CM	10 21047
	MAR 05 93	3. BEGISTMAR'S SIGNATURE DAY OSON-V	andell			(-



		umit. Papes	
BALTIMORE, MARYLAND 21203-3146	mours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burlal-transit por , or removal.	e medicel examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	MM	a Kle		2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218142089		yrs. lest birthday)	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF SHITH (Month, Day, Year)	6. BIRTH Count	IPLACE (State or Foreign y)
TOR	9a, FACILITY NAME (If not institution, give str	reet and number)	4/0	DUBENAR		PEINCE	C-EORGE
DIRECTOR	Maryland Prince	e Georges'		dywine			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	17501 Magruders Fe	erry Road		101. ZIP CODE 20613		USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 K NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	can, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Me. Do NOT use r	k done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
N	17, FATHER'S NAME (First, Middle, Last)		Lahor	18. MOTHER'S N	Farming	Simame)	
BE C	Carlton Makle			Sophie	Stewart		
9	19s. INFORMANT'S NAME (Type/Print)			OORESS (Street and Number or Rura			
	Lillian Makle			lagruders Ferry			
	20s. METHOD OF DISPOSITION 1 To Buriel 2 Cremation 3 Remo	oval from State	other place)	ION (Name of cemetary, crematory or		ATION — City or To	
	4 Donation 6 Other (Specify)		. Phillip	S Church 1 22. NAME AND ADDRESS OF F	Bade	n. Mary	Land
	* Lloy DI	M 5 40		Adams Funera 20605 Aquasc	1 Home	- MD 2	0600
	23. PART I. Enter the diseases, or o	omplications that coused	the death. Do not	enter the mode of dying, su	ich as cardiec or respir	atory arrest,	Approximate
	shock, or float failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea Agrice to	M		H		Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):	accident			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE OF):	accident			
SE		1.					
DICAL	Malnutri Em	e contributing to death bu	ut not resulting in	the underlying cause given i	PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							1 TES 2 ND
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)		
SIC	EXAMINER?	HOSPITAL:	itlent 3 DOA 4	OTHER:	6 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Addural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Morith, Day, Year)	28b. TIME (INJUS	OF 28c. INJURY AT	28d, DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, str	net, factory, office	28f. LOCATION (Street a City or Town State)	nd Number or Rural	Route Number,
COMPLETED	anal and			at the time, date and place, and d in my opinion, death occured at ti			s) and manner as stated.
TO BE	TO TOTAL	m7		29c. LICENSE N	UMBER 362	29d. DATE SIGNED	(Month, Day, Year)
	NOR TON Elson	6525	Belcrust	DZO:	sville M	D 207	82
	MAR 05 93	32. REGISTRAR'S SIGNA	ATURE PROPERTY	٧			



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CE	RTIFICATI	E OF DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	WW	3. TIME OF DEATH
Oscar	Floyd	d Mo	cDaniel SR.	монти February	24 199	8:37 A _M
	6. SEX 6. AGE (In yrs. last	birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Maer)		SIRTHPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give street			, TOWN OR LOCATION OF DE	///-/	7 / 12	Q V.
The Kent and Queen			Chesterto		ec. county Ken	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY/		10c. CITY, JOWN (OR LOCATION			Tues and a second
Mg. X	ENT	Ch	estert	OWN		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER	ELT DR.		101. ZIP CODE 2/62	0	10g. CITIZEN	OF WHAT COUNTRY?
N	2. WAS DECEDENT EVER IN U.S. ARY FORCES? 1 TYES 2 THE		WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	HC ORIGIN? (Specify	es or No- 14.	RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 □ YES 2 □ NO Specify			3/AcK
15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted) (Giv	EDENT'S USUAL OF	CCUPATION during most of working	16b. KIND OF E	USINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ACH	inis1	5A	ctor	7
17. FATHER'S NAME (First, Middle, Last)	15 DAVIEL		18. MOTHER'S NA	ME (First, Middle, Meide	n Sumeme)	
19a. INFORMANT'S NAME (Type/Print)	196	MAILING ADDRESS	(Street end Number or Rural F	Pourte Alumbar City or T	nua Ctata 7/a Can	
	1. MCDANIEL 1	05 KE	nhegy DI	ches	-	tel atras
20e. METHOD OF DISPOSITION 1	20b. PLACE Al commery, crem	ND DATE OF DISPOS	CRE MATER	13/6/98 3	OCATION - City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22.	NAME AND ADDRESS OF FA	BUTY A	51	
1 Invest	Walky		28 hes	Certo	Wa,	Md. 2/620
23. PART I. Enter the diseases, or consciously alock, or heert failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death)	of the total course of the deapt only one cause on each line.	of in	the mode of dying, such	n ea cerdiec or rea	piratory arreat,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOU					
PART II. Other algnificant conditions of	contributing to death but not se	autilme in the un	ded to a constant			
	1 1	euting in the un	denying cause given in	Pert I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
_ Carum	n way	my_		1 YES	2 Ny6	COMPLETION OF CAUSE OF DEATH?
		311				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	*					
EXAMINER?	IOSPITAL:	OTHER	26. PLACE OF DEATN (Che	ck only one)		
1 YES 2 NO 1	□ Inpatient 2 □ ER/Outpatient 3 ↓ 28e. DATE OF INJURY		sing Nome 5 - Residence			
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCURE	D
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, ferm, street, facti	ory, office	281. LOCATION (Stree City or Town, Stat	end Number or Ri	ural Route Number,
290. CERTIFIER 1 17 OPETIFYING PHYSICIA	N: To the best of my knowledge, deat	th assumed at the st				
	On the besie of examination end/or im					use(s) end manner ee stated.
291. SIGNATURE AND TITLE OF OSSITIFIER	0.40	1	29c. LICENSE NUM	BER LOS	29d. DATE SIG	NED (Month, Day, Year)
	EN Jum m	/	1/1/07			10175
30, NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM		chec	TERT	11/1	NG. 2/620
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	ches	ERto	N M N	no. 21620
MAYHED	BENJA	amik	ches	ERto	W M	n6.21620

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMN-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

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	armit. Pages 1, 2, 3 should		
NITS after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	redical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		IARYLAND / DI Cer	EPARTN TIFIC					MENTA	AL HYGIEN REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last) Mary	izabeth	MOFFETT					2. DAT	1940 N				
4. SOCIAL SECURITY NUMBER 221—18—6114	5. SEX 1 M 2 F	6. AGE (In yrs. lest bin		UNDER 1 Y		IF UNDER	24 HRS. MIN.	(Mon	E OF BIRTH ith, Day, Year) -21-28		Country)	ACE (State or Foreign
9s. FACILITY NAME (If not institution, give st				CITY, TO	OWN OR	LOCATIO	ON OF DE		-2120	9c. COUNT	Md.	TH TH
DOA Union Hos	pital of	Cecil Co	unty	Di	ed a	at H	ome	Cec	ilton	Ceci		
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10	Dc. CITY, TO	OWN OR I	LOCATIO	N						Od, INSIDE CITY
Maryland Cec	il		Ceci	ilto	n.Mo	i.						LIMITS?
10e. STREET AND NUMBER						IP CODE				10g. CITIZE		AT COUNTRY?
Center Street, Ea						2191	-			USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARMED YES 2 NO AR OR DATES A)	If ye	es, speci	fy Cubar		n, Puarto	N? (Specify Yes Rican, etc.)	or No-	Black, Specify:	- American Indian, White, etc. White
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECED (Give k	and of work	done duri		of working	9	16	b. KIND OF BU	SINESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	,	NOT use real		ori we	יקר מ			Heal	Lth Ca	ro	
17. FATHER'S NAME (First, Middle, Last)		110	1110 00		<u></u>		FR'S NA	ME (First	Middle, Maiden		1.6	
Har	ry Shaw								ravis	Gurramay		
19a7 MANA S NAME (Type/Print)		19b. M	AILING ADI	DRESS (S	Street and				nber, City or Tow	n, State, Zip Co	ode)	
Ralph Shaw			alena			216	35					
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	wal from State	20b. PLACE AND cemetery, cremato	ory or other p	place)				OAT	TE 20c. LO	CATION — CI	y or Town	ı, State
4 Donation 5 Other (Specify)	ENSEE	Capitol	Cre	mato 22. NA	ME AND	ADDRES	S OF FA	9 <u>B</u>	Dov	er, DE	<u> </u>	
23. PART I. Enter the diseases, or co	low			Fe1	low:	s Fu Cvr	nera	al H	omes .,Mi11	P.A. ingtor	ı,MD	21651
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUEN	NCE OF):	ease	e							Onset and Death
DADT II Other circultiness and district												1
CABG Sept 92 ,	contributing to	death but not rasu	iting in th	ne unde	rlying o	ause g	iven in	Part i.	24s. WAS AN PERFOR 1 TYES 2	MED?	0	ERE AUTOPSY FINDINGS MILABILE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	HER:	26. PLAC	E OF DE	ATH (Che	ick only o	ne)			
1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2	ER/Outpatient 3[C		Nursing	Home	_	idence		or (Specify)			
1y Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Year)	INJURY		WORK	?	NO	28d. DE	SCRIBE HOW II	IJURY OCCU	RED	
3 Suicide 6 Could not be determined	28a. PLACE OF building, e	FINJURY — At home, intc. (Specify)	farm, street	t, factory,	, office			28f. LOC City	CATION (Street a or Town, State)	nd Number or	Rural Rou	te Number,
		my knowledge, death o										nd menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER Wallace Obenshair	n,MD.4	vallace (Henry	hain	~	Do7	129	BER		29d. DATE S ▶ 3.		onth, Day, Year)
30. NAME AND ADORESS OF PERSON WHO Wallace Obenshain				1)								
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR											

ę

STATES OF THE RECORDS, F.C. BOX 65/60, BALLIMONE, MARTEAND ZIZIS-0020	The second
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prove the first within 75 hours after death, with the Certa hour of Board Marriel Unique and a burial training and the first burial	1
be med when it industries used which he can be controlled in the medical examiner must be notified at once.	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	3. TIME OF DEATH									
	Florencio G.	Narido				Feb. 28	, 199	1:05 Pm			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)			
9	0000	1 M 2 □ F 6:		NTHS DAYS	HOURS MIN.	Feb. 12,	1930 I	Philippines			
~	9a. FACILITY NAME (If not institution, give str			Olney	LOCATION OF DE	ATH	9c. COUNTY OF DEATH				
DIRECTOR	Montgomery Ge	tgomery									
<u> </u>	10a. STATE 10b. COUNTY		DN		-	10d. INSIDE CITY					
	Maryland Montgo	omery	01ne	e V				LIMITS? 1 YES 2 NO			
A	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZES	OF WHAT COUNTRY?			
ħ.	Tio. STREET AND NUMBER 3369 Tidewater Court 101. ZIP CODE 102. STREET AND NUMBER 3369 Tidewater Court 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ves or No— 14. RACE 15. Mary Married 2.5 Marylad 16. STREET AND NUMBER 104. ZIP CODE 105. STREET AND NUMBER 105. ZIP CODE 106. CITIZEN OF W Philipp 11. MARITAL STATUS 11. Mary Married 2.5 Marylad 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ves or No— 14. RACE 16. Bleck.)										
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 1 Neve											
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	NO Specify	r.	177	Specify:			
E	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S USE	JAL OCCUPATION	1	16b. KIND OF BU		illipino			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re-	done during most tired.)	of working						
COMPLETED		4	Tailor			Self En	ployed				
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider					
BE	Magno Narido 190. INFORMANT'S NAME (Type/Print)					Quezon Gu					
2	Ervin A. Garcia					Route Number, City or Tox		de)			
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE OF D			nev MD 2		or Town State			
Ì	1 ☐ Buriel 2 ☐ Cremation 3 ☐ Remo	val from State	otons ammetans as other	oloool		/3/93 Sil					
)	21. SIGNATURE OF FUNERAL SERVICE JUCE	INSEE	JU JI HUG	22. NAME AND	ADDRESS OF FAC	DeVol	Funera	1 Home			
) . S. X	300		110 Eas	t Deer F	Park Drive		a mone			
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that caused	the death. Do not	enter the mod	e of dying, such	h as cardiac or resp	iratory arrest				
	IMMEDIATE CAUSE-(Final	- 1		/				interval Between Onset and Death			
ļ	disease or condition resulting in death)	DUE TO (OR AS A	do miles	, lux	Arral			2yn			
	-	DUE TO (OR AS A	CONSEQUENCE OF):	0							
CERTIFICATION	Sequentially list conditions, DUE TO FOR AS A CONSEQUENCE OF: 4 M.										
CAT	If any, leading to immediate cause. Enter UNDERLYING	50	U					į			
Ě	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A	CONSEQUENCE OF):								
EB	resulting in death) LAST	·									
AL C	PART ij. Other significant conditions	contributing to death be	ut not resulting in ti	he underlying	cause given in I	Part i. 24s. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
Š	Hotel follable					PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE			
Ä	ItBP/						. 6	OF DEATH? 1 YES 2 NO			
ž											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	Im		CE OF DEATH (Che	ick only one)					
YSI	1 VES 2 NO	1 Inpatient 2 ER/Outp	atlent 3 DOA 4		5 Residence	6 Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOR	K?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
B≺	2 Accident Investigation	28e. PLACE OF INJURY	- At home form street		S 2 NO						
8	3 Suicide 6 Could not be determined	building, etc. (Speci	ify)	n, rectory, office		28f. LOCATION (Street City or Town, State		nural Houte Number,			
9	29a. CERTIFIER 1 O CERTIFYING PHYSIC	IAN: To the best of my knowle	adea doub assumed at		ad also and do						
COMPLET								nuse(a) and manner as stated.			
	290. SIGNATURE AND TITLE OF CENTIFIER	1			29c. LICENSE NUM			IGNED (Month, Day, Year)			
8	Celta Ally	1_			1/87	26	> 2/	1/(3			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE DF DE	TH (ITEM 27) (Type, Prin	7()	010	` A .	1 3/	/			
	18101 Paine	Phily 6	V, Or	NEZ	140	2132					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		1		-					
	1181 04 93	Julia Davids	Parada Me								

Fillipina

Tailor

Self Employed

Magno Narido

Jovita Quezon Guinto

Ervin A. Garcia

3369 Tidewater Ct., Olney, MD 20832

Gate of Heaven Cemetery 3/3/93 Silver Spring, MD

DeVol Funeral Home

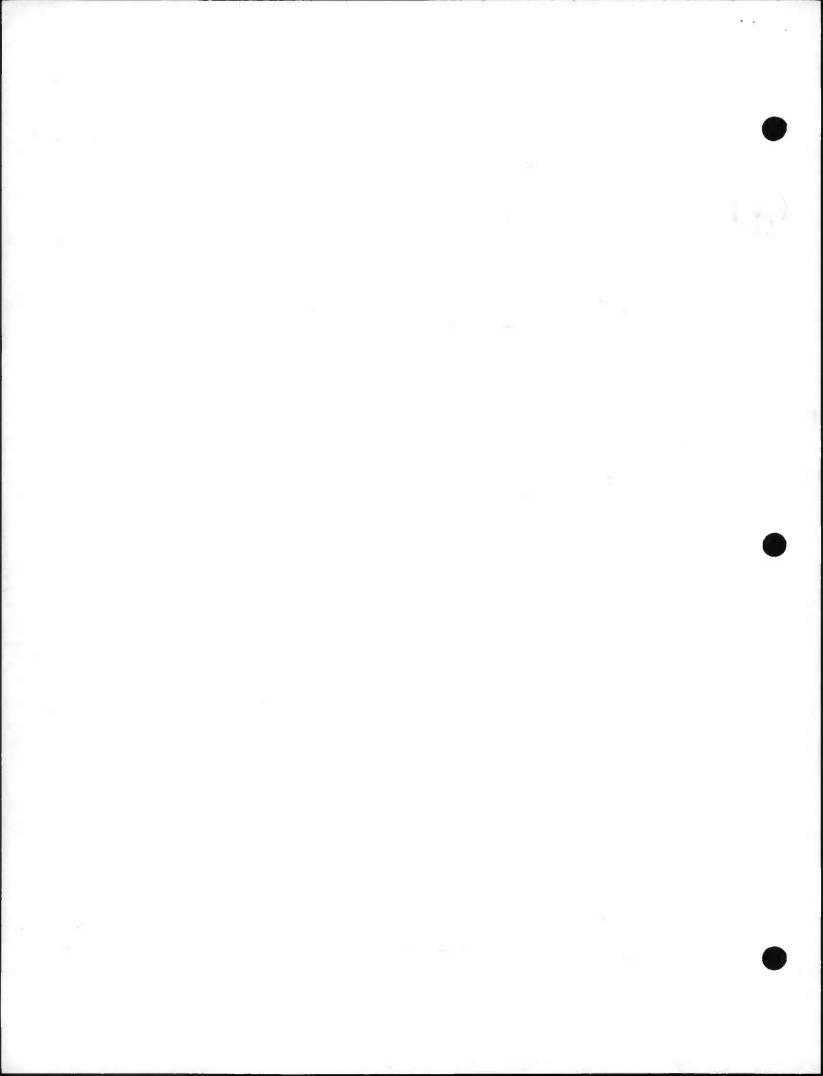
10 East Deer Park Drive

Gaithersburg, MD 20877

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a sind within 70 hours after death with the State Dent of Health and Mental Honline or no hours after death with the State Dent of Health and Mental Honline or no hours after death with the State Dent of Health and Mental Honline or no hours.	IMPORTANT: If Item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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NO.	R Af	80
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OR A	JIRE	E
AL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it is find within 20 hours after death with the State Dent of Haalth and Mental Mollene error in build cremation or removal	Ξ
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2	5	TA
岩	포	90
2	22	Ξ

	1 DECEMBER'S MAKE (First Middle Last)													
100	1. DECEDENT'S NAME (First, Middle, Last) William Edward Nail 2. DATE OF DEATH MONT										3. TIME OF DEATH			
	4. SOCIAL SECURITY NUME	5. SEX 6. AGE (In yrs. last birthday)		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	нятн		_	IPLACE (State or Foreign		
	253-26-8184 1⊠ M 2 □ F			72 YRS.		MONTHS	DAYS	HOURS	MIN.	(Month, De 9/18)	Geo	orgia
E .	9a. FACILITY NAME (If not institution, give street and number) Carroll County General Hospital				96. CITY		tmine		ATH			Carr		
[유	RESIDENCE OF DECEDENT						Westminster Carroll					OTT .		
Ĭ,	10a. STATE	10b. COUNTY	1		10c. CIT	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Maryland Baltimore							Upper				1 YES 2 NO		
₹	100. STREET AND NUMBER						101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	4439 Trento	on Mil	l Road			21155						USA		
ו הַּן	11. MARITAL STATUS	207 200	12. WAS DECEDEN	T EVER IN U.S.		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14, R If yes, specify Cuban, Mexican, Puerto Rican, etc.)				14, RACI	E — American Indian, k, White, etc.			
B≺	1 Never Married 2 3 Divo		IF YES, GIVE Y	MAR OR DATES				2 K NO			i, wic.j		Spec	
	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENTS					16b. KIN	D OF BUS	INESS/INI	DUSTRY	VIIIEC
COMPLETED	(Specify one Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	ist of working	ng					
<u> </u>			2 yrs.	9	self e	mploy	yed				entre	epre	neur	
Ö	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTI	HER'S NA	ME (First, Middle	e, Maiden S	Surname)		
ш	William Att	riss 1	Nail					Nai	ncy I	3lanche	e Roc	gers		
10 B	19a. INFORMANT'S NAME (7									loute Number, C				
F	June E. Nai	1.1			4439 '	Irent	ton i	Mill	Road	d, Uppe	erco,	, Md	. 21:	155
	20a. METHOD OF DISPOSIT 1 A Burial 2 Crematic 4 Donation 5 Other	on 3 🗆 Reme	oval from State		CE AND DATE					3/9			City or To	Maryland
	21. SIGNATURE OF FUNERA		ENSER /	-78.	-	7	_	ND ADDRE	SS OF FA	OH ITY				-
	· Stu	ver	W, E	lin	U		934	S. Ma	ain S		ine E , Han			Home Md. 21074
	23. PART I. Enter the d	Iseases, or o	complications the	it caused the	death. Do							_		Approximate
	shock, or h IMMEDIATE CAUSE (Fir	eart fallure.	List only one cau	use on each I	line.						111 10000			Interval Between Onset and Death
	disease or condition	1811	C	1. de	al	1		-	0	1:				
	disease or condition a. Acute Mye can 201 In furtion Due to (or as a consequence of):													
z	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										13 years			
CERTIFICATION														
2	cause. Enter UNDERLY! CAUSE (Disease or Inju		C											
胄	that initiated events resulting in death) LAS	т.	DUE TO	(OR AS A CON	ISEQUENCE O	F):								
[H	1000000		d											
	PART II. Other significa	nt condition	s contributing to	death but no	ot resulting	In the ur	nderlyln	g cause g	given in	Part I. 24a	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
EDICAL											PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE
입										— ¹└	YES 2	NO		OF DEATH?
Σ										-				1 - YES 2 - NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					26 PI	ACE OF D	EATH /Ch	ock only one)				
SICIAN:	EXAMINER?		HOSPITAL:	ED/Outpetles	2 🗆 004	OTHE	Rt:							
PHY	27. MANNER OF DEATH		28e. DATE OF		28b. Tilk		28c. INJ		sidence	8 Other (Sp 28d. OESCRIE		LIURY OC	CUBED	
		Pending	(Month, E			JURY	WO	PRK?	□ NO	zou. Ozgorni	JE HOW III	OUNT OC	CONED	
ВУ	2 - 0.1111	Could not be	28e. PLACE C	OF INJURY — A	t home, ferm,	street, faci				281. LOCATIO	N (Street or	nd Numbe	r or Rural I	Route Number,
COMPLETED		determined	bullding,	etc. (Specify)						City or To				
12	29a. CERTIFIER (Check only	TRYING PHYSI	CIAN: To the best of	my knowledge	, death occur	ed at the t	lme, date	end place	, and due	to the cause(e) end men	ner as sta	ited.	
NO.														e) end manner ee stated.
8	29b. SIGNATURE AND TITLE	ON CHITIFIES		ND				29c. LICI	ENSE HUN	IBER		29d. DAT	TE SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF	PERSON, WH	O COMPLETED CAU	SE OF OEATH (ITEM 27) (Type	, Print)						ı		
	Steven N	. She	affer,	MIC), 6	2/11	Na	nou	201	pile	-e	Na	1	pstead 2107
	31. DATE FILEO (Month, Day,	.93	32. REGISTRA	R'S SIGNATUR	E propos	سيطا							7	
	MAK 7	JU	1		-									1



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE OF STATE OF	MARYLAND / D	EPARTMENT OF	HEALTH AND N	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Hazel Fletcher		ovinski		2. DATE OF DEATH MONTHS / 0 2/943	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 1 1 □ M 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. lest bit 75	YRS. IF UNDER 1 YE		7. DATE OF BIRTH 1 (1 9) (1 9)	8. BIRTH	PLACE (State or Foreign				
TOR	9a. FACILITY NAME (If not institution, give street and number) 314 Benfield Road RESIDENCE OF DECEDENT			N OR LOCATION OF DEA		Anne Art					
FUNERAL DIRECTOR	10 Anne Arunde:	L	Severna "P	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
VERAL	10-3174 Benfileld Road			10f. ZIP CODE 1146	5	10g CITYEN OF V					
BY	1 Neder Married 2 Married FORCES?	ENT EVER IN U.S. ARME 1 YES 2 NO WAR OR DATES	If yes	DECENDENT OF HISPANI apacity Cuttan, Maxican (ES 2 NO Specify:		Black	- American Indian, t, Whita, atc. Caucasian				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	(Give I life. Do	DENT'S USUAL OCCUP kind of work done during NOT use retired.) Ctrical Wo	most of working	Westingh						
BE CON	17. FATHER'S NAME (First, Middle, Last) Waldo S. Fletcher			18. MOTHER'S NAM Gladys I	E (First, Middle, Melden Su Perrier	irname)					
10	Mr. Dennis Novinski	19b. M 314	Benfield	et and Number or Rural Ro Road	Severna P		21146				
	Burlet 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify)		DATE OF DISPOSITION	. Cem	Baltim	ore, Mai	ryland				
	21. SIGNATURE OF PUNERAL SERVICE CENSER	ssamo			Home Seve						
	28. PART I. Enter the disease, or combilitations to shock, or heart feiture. List only one community of the	nat caused the death nuse on each line. Late Statut to (OR AS A CONSEQUE	Colon	_	as cardiac or reapira to BRAING		Approximate Intervel Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): 33 mos.										
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing	o death but not raau	ilting in the underly	ing cause given in P	PERFORMS 1 YES 1		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO 1 Inpellent 2	☐ ER/Outpetlant 3 ☐ (OTHER:	PLACE OF DEATH (Chec	ck only one)						
ВУ РНУ	27. MANNER OF DEATH 28a. DATE (Bb. TIME OF 28c.		28d. DESCRIBE HOW INJ	URY OCCURED					
1	3 Suicide 8 Could not be detarmined	Number or Rural R	oute Number,								
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the bast of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated.										
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Dela	S	29c. LICENSE NUMB	DER 2	ed. DATE SIGNED	(Month, Day, Year)				
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	beento	16000	RAINH	W. Suit	410.6km	arnith.				
	MAR 0 4 1993 Julia D	ar's signature widoon Amde	je.				4061				

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPART ERTIFI	TMENT CATE	OF H	EALTH DEAT	AND I	MENTAL	HYGIEN		93	07182	
	1. DECEDENT'S NAME									OF DEATH		T	3. TIME OF DEATH	
- 4	Mary	Louise	Ol	sh					MONTH	DA	4	33	620 AM	
- 9	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. las	-	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	OF BIRTH			PLACE (State or Foreign	
	-11 -2	1 🗆 M 2 💥 F	82	"	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	1910	Country	hio	
	9a. FACILITY NAME (If not institution, give s	reet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	EATH	
8	Carroll County	Gen. Ho	ospita	1	W	est	mins	ter	2		Ca	arro	11	
5	RESIDENCE OF DECEDENT			_										
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY	, TOWN O								10d. INSIDE CITY LIMITS?	
		roll			We	esti	mins	ter	·				1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CIT	ZEN OF W	HAT COUNTRY?	
E	414 Baldwin Pa	rk Drive	e. Apt	. B-	3		21	157	7		U.	S.		
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	_	MAS DEC				(Specify Yes			- American Indian, White, etc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 YES	ND			2 NO		y:	Ican, etc.)		Specif		
0	15. DECEDENT'S EDUC		18a, DE	CEDENT'S	ISUAL OC	CUPATIO	N.		18h	KIND OF BUS	INESS/IN	**	100	
COMPLETED	(Specify only highest grade		(G	ive kind of w Do NOT use	ork done o	luring mo	st of workin	g			J. 100071110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		h = 4 d	· · · ·		}-	75			•	3	~	
₹ I	17. FATHER'S NAME (First, Middle, Last)		Isu	bsti	ture	e to				publ		cho	OLS	
	Frank Clisby L	indan								iddle, Maiden				
B		Indsay					AI	1ce	Mar	rie E	bbre	У		
2	19a. INFORMANT'S NAME (Type/Print)									er, City or Tow				
-	Barbara Lindsa	y Olsh	P	.0.	Box	87	3, W	est	mins	ter,	MD	21	158	
- 1	20a. METHOD OF DISPOSITION		20b.PLACE	AND DATE O	F DISPOSI	TION /Na	me of			20c. LO				
	1 Donation 5 Other (Specify)	oval from State	Carretery. cre	matery or oth	Crei	nat:	ions		3/6	Ha	mpst	ead	. MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.1	NAME AN	D ADDRES	S OF FA	CILITY					
										Home				
	Robert				4	12 1	Vash	ing	ton	Rd.,	Wes	tmi	nster, MD	
	23. PART i. Enter the diseases, or o shock, or heart failure.	omplications that	caused the de	eath. Do n	ot enter	the mo	de of dyi	ng, suc	h as card	ac or respi	ratory an	reat,	Approximate	
	IMMEDIATE CAUSE (Fine)	Liat Only One Cou	o on each mie				1 -			-		- 4	interval Between Onset and Death	
	disease or condition resulting in death)	M43	AST	AT	10	/	13R	45	TI	AI	VCS	FR_	- few YF	
	resulting in death)	DUE TO (DR AS A CONSE	DUENCE OF):					11			Tew /	
-														
CERTIFICATION	Sequentially list conditions,	DUE TO (DR AS A CONSE	DUENCE OF):								-	
AT	if any, leading to immediate cause. Enter UNDERLYING		E-O OURS	00000									į .	
윤	CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	DUFNCE OF	١٠		_						<u> </u>	
Ē	that initiated events resulting in death) LAST	,			,									
與		1												
- 1	PART ii. Other significent condition	s contributing to c	leath but not r	esuiting in	n the un	deriying	cause g	Iven in	Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
2	OIL	MONIA	Ry	m	CTT	957	AC	15	- 1	PERFOR	- 1	- 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		20 00				2 -	210		- 1	1 YES 2	XHO		OF DEATH?	
Σ		SENCE		-	300	00	1/		_		1		1 YES 2 NO	
Z					7									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)				
S	1 TYES 2 NO		ER/Outpatient 3		OTHER		5 🗆 Re	sidence	8 🗆 Other	(Specify)				
							CRIBE HOW I	NJURY OC	CURED					
ВУ	1 Netural 5 Pending 2 Accident Investigation	,, 60)			М		ES 2	NO	_					
0	3 Suicide 8 Could not be	INJURY - Al ho	me, ferm, st	treet, facto	ory, office	1		281. LOCA	TION (Street a	nd Number	or Rural R	oute Number,		
Ē	4 Homicide determined	building, e	tc. (Specify)						City o	r Town, State)			100	
E	29a. CERTIFIER							_			·			
d N	(Check only	CIAN: To the best of n												
COMPLETE	2 MEDICAL EXAMINE	H: On the basis of axe	mination and/or i	Investigation	n, In my o	pinion, de	eath occur	ed at the	time, data	and place, en	d due lo ti	ne cause(s)	and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1	,	4.0			29c. LICE	NSE NUN	WBER		29d. DAT	E SIGNED	(Month, Day, Year)	
	(Mas	mars	a	2		- 1	7)	29	24	6	12	TE	3.	
2	30 NAME (NO ADDOESS OF PERSON WIL		111				11-	-				/ 3 '		

32. REGISTRAR'S GIGNATURE

'93

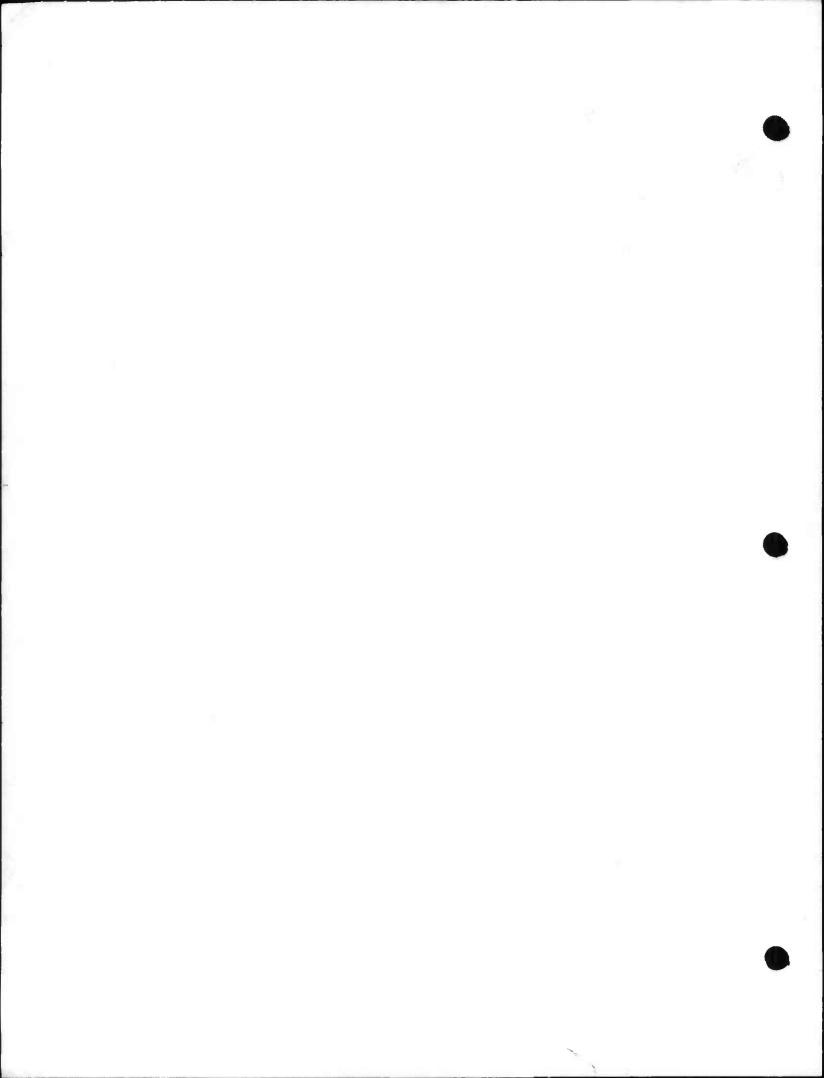
31. DATE FILED (Month, Day, Year)

Land Barre

		sit permit. Pages 1,	,	
01000111	pital or attending physician.	ed for use as the burial-tran		
	3 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, the with the State Dect. of Health and Mental Horiene prior to burial cremation or removal	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	24 hours after death. Page	filled in by the funeral direction or removal	he medical examiner n	
600000000	ficate be executed within 2	ir this certificate has been signed by the attending physician and completely filled in by the firth with the State Dect, of Health and Mental Hvollene prior to burial cremation or removal	er traumatic event, ti	
	quires that the death certi	n signed by the attending if Health and Mental Hydie	lows any injury, or other	
	NG PHYSICIAN: The law re	fter this certificate has bee eath with the State Deot. o	marked, or item 23 sh	
	TO THE HOSPITAL OR ATTENDING I	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	APORTANT: If Item 28 is mark	
	2	P 9	울	-

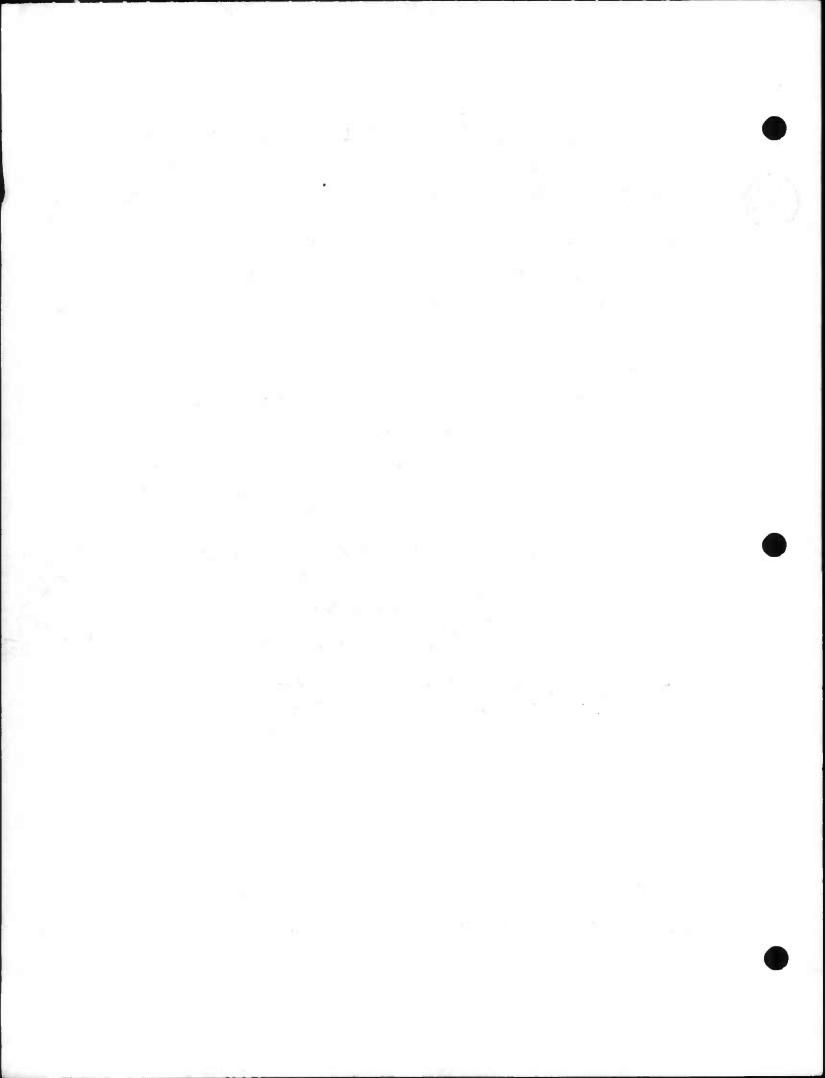
•	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / CE				EALTH DEAT		MENTAL	HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII		DEAI			OF DEATH			3. TIME OF DEATH	
	MARLYN	Н.			POTI	'S			03	01	NY .	93	1:05 Am	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH , Day, Year)		6. BIRTI	HPLACE (State or Foreign	
	577-26-1156	1 € M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT.		1921	VI	RGINIA	
-	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COL	NTY OF E	DEATH	
5	WASHINGTON ADVE	ENTIST F	HOSPITA	L	TAK	AMO	PAF	RK			MO	NTG	OMERY	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN (OR LOCAT	ION						10d, INSIDE CITY	
DIRECTOR	MARYLAND PRIM	NCE GEORG	ES	нуд	ATTS	, , , , , , , , , , , , , , , , , , , ,	7						LIMITS?	
AL	10e. STREET AND NUMBER					_	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?	
LEA	828 CHILLUM ROA	AD					2	0783	3		ι	JSA		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. ARIN	MED O			ENDENT OF			? (Specify Yes	or No-	14. RAC	E — American Indian, k, White, atc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES				2√ NO			mount, acc.,		Spec	Hy:	
	15. DECEDENT'S EDU		WWT T	EDENT'S	USUAL O	CCUPATIO	N		16h	KIND OF BUS	INFSS/INI	NIETOV	WHITE	
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(Gh	m kind of a			st of working	a	100.	KIND OF BUS	IIIIE SS/IIII	JUSTAT		
AP.	12		PLUM	IBER					PL	UMBIN	G/HEA	ATING	G.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM		liddle, Maiden				
BE (HURST	POTTS					MA	MIE		SKI	NNER			
5	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street a	nd Number	or Rural A	Route Numb	er, City or Town	n, State, Zip	Code)		
	LINDA L. McVay					_		HYAT	CTSVI	LLE, 1	MD 20	783		
	20s. METHOD OF DISPOSITION 1 Disposition 3 Removed Re	oval from State	206. PLACE AT COMMETERY COMME					mmni	OATE	2277	CATION —	4111	own, State	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- IGEORGE	WAS			D ADDRES			ADE	LPHI	MD		
	James 5	70			TRA	NCI	J.	COLL	LINS	FUNERA	AL HO	OME,	INC. P., MD 20901	
		7000	~										P., MD 20901	
	23. PART i. Enter the diseases, or o ehock, or haart failure.	List only one cau	se on each line.	eth. Do r	not entar	the mo	de of dyir	ng, euch	n as card	lec or respi	ratory en	rest,	Approximata interval Between	
	IMMEDIATE CAUSE (Final disease pr condition													
	resulting in death)	DUE TO	OR AS A CONSECU	UENCE O	FI:	nul	OAIZ	Saul	101	DIZED,	XC			
z	The to ton as a consequence of:													
음	Sequantially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):													
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C												
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE O	F):								le le	
CERTIFICATION		d												
CAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO													
									_	1 DYES 2			COMPLETION OF CAUSE DF DEATH?	
ME							_			HODD O	My	1	1 TYES 2 NO	
PHYSICIAN: MED														
IC!	25. WAS CASE REFERENO TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF OE	ATH (Chec	ick only one)				
HYS	27. MANNER OF DEATH	1 Inpatient 2 S		26b. TIM		alng Home	5 Res				I II Imr. O.O.	O. Imm		
	1 Natural 5 Pending	(Month, Da		INJ	URY	WO			280. DESI	CRIBE HOW IN	JURY OC	CURED		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At hom	ne, ferm, s	street, fact				28f. LOCA	TION (Street e	nd Number	or Rumi I	Route Number	
Ä	4 Homicide determined	building,	etc. (Specify)						City o	r Town, State)				
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, deal	th occurr	ed at the ti	me date	and place	and due t	to the cour	e(e) and man		a d		
COMPLETED		(Check only 1 CHTIFTING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
	29b. SHANATURE AND TITLE OF CERTIFIER	N/					29c. LICEN			1			(Month, Day, Year)	
3 BE	Mounte me	hell												
O.C.M.E. D3/02/9								-						
A V . S . S . S . S . S . S . S . S . S .								1						
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	DS, P.O. BOX 68760,	the death ceruficate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	the extracting predicting and competenty fixed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages

n. ansit permit. Pages	FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) EUGENE M. PHILIDIPS, SBO S, SDOTAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 214-30-6421 IMM 2 F S. SEX IMM 3 S. TIME OF OEATH IMM 3 S. SERTITH COUNTY IMM 3 S. SERTITH COUNTY IMM 4 S. SERTITH COUNTY IMM 4 S. SERTITH COUNTY IMM 5 SEX IMM 6 SEX IMM 5 SEX IMM 6 SEX
AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit once.	COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO If YES QUE WAR OR DATES 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— lif yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. Specify: Black 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17b. KIND OF BUSINESS/INDUSTRY 17c. Decedent of No— life and No work done during most of working life. Do NOT use retired.) 18c. Decedent of No— life and No work done during most of working life. Do NOT use retired.)
BALTIMORE, MARYLAN after death. Page 5 may be retained by the hoxy the funeral director, page 5 should be detach noval.	TO BE COI	18. MOTHER'S NAME (First, Middle, Meiden Surrame) Frank Phillips Mary Russell 19a. INFORMANT'S NAME (Type/Print) Florence V. Phillips (wife) 15420 Hoyles Mill Rd., Boyds, MD 20841 20a. METHOD OF DISPOSITION (X) Burlas 2 Commation 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Samplery, crepulary,
AL RECORDS, P.O. BOX 68760, to law requires that the death certificate be executed within 34 hours aft that been algebrad by the attacking physician and completely filed in by it bets of Health and Mental Hygiene prior to burial, cremation, of nemo in 23 shows any Injury, or other traumstic event, the medica	SICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or ideart failure. List only one cause on each line: IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART IN Other significant conditions contributing to death but sof resulting in the underlying glues given in Part I. PART IN Other significant conditions contributing to death but sof resulting in the underlying characteristics. PART IN Other significant conditions contributing to death but sof resulting in the underlying characteristics. PART IN Other significant conditions contributing to death but sof resulting in the underlying characteristics. PART IN Other significant conditions contributing to death but sof resulting in the underlying characteristics. PART IN Other significant conditions contributing to death but sof resulting in the underlying characteristics. PART IN Other significant conditions contributing to death but sof resulting in the underlying characteristics. PART IN Other significant conditions contributing to death but sof resulting in the underlying characteristics. PART IN Other significant conditions contributing to death but sof resulting in the underlying characteristics. PART IN Other significant conditions contributing to death but sof resulting in the underlying characteristics. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other significant conditions. PART IN Other sig
ISION O TTENDING PHY TICK After this after death with 28 is marked	ETED BY PHY	TI VES 2 NO THEFT: 1 Updation 2 ENOutpation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNUTOF DEATH 1 Neturet 5 Panding Investigation 2 28s. DATE OF INJURY (Morri, Day, Mar) 28s. TIME OF INJURY AT WORK? 2 Accident Investigation 2 28s. DATE OF INJURY AT WORK? 3 Suicide 8 Could not be determined determined determined 28s. PLACE OF INJURY - At home, farm, street, factory, office 28s. LOCATION (Specify) 28s.
DIV TO THE HOSPITAL OR A TO THE FUNERAL ORSE DE FIRE WITHIN 72 INDUS IMPORTANT: If Hem	TO BE COMPL	Sent Plans (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and manner as stated. 290 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 290 LICENSE NUMBER 290 DATE SIGNED (Month, Day, Year) 201 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEN)27) (Type, Print)
		DAVID NEWSOME. M.D. 1811 / Incl / hilip Dr., #104., OLNEY. M.D. 20832. 31. DATE FILED (MODIN, Day, Year) MAR 04 93 Julia Savidor-Rodelle



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-trat be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. NO				
	1	1. DECEDENT'S MAME (First, Mildrin, Last)	Fred	J. Planti	nolt		2. DATE OF DEATH	š - 4.	3. TIME OF DEATH. 425/A M		
1		218-20-1645	12 □ F 8		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mopth, Day, Year)	911	BIRTHPLACE (State or Foreign Country)		
9	I OI	So. FACILITY NAME (If not institution, give street GOLDEN OAKS N RESIDENCE OF DECEMENT	and number) Nursing H		Lau	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
DIRECTOR	- 1	10a. STATE 10b, COUNTY	1	10c. CITY,	TOWH OR LOCA	ation			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FINERAL		1307 Ceday (ane			01. ZIP CODE 20705	D	Unit	ed States		
×		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, a	CENDENT OF HISPAN poorty Cuben, Mexicen S 2 NO Specify:		e or No- 14	RACE — American Indian, Black, White, etc. Specify: White		
API FTED	: 1	15. OECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) 12 years	pleted) pliege (1-4 or 5+)	(Give kind of wor life. Do NOT use of Administr	k done during m retired.)	nost of working	U.S. G				
at once.	- 11	17. FATHER'S NAME (First, Middle (est) Frederick Planthol	lt .				ME (First, Middle, Maiden	Surname)			
TO B		190. INFORMANT'S NAME (Type/Print) Marion C. Plantholt		196. MAILING AI Same a			oute Number, City or Tow		de)		
d samuel		20s. METHOD OF DISPOSITION LA Burlel 2 Cremetlon 3 Removal 4 Donetton 5 Other (Specify)	[Md	PLACE AND DATE OF elery crematory or othe National	disposition (A	Name of Park 3/			or Town, State		
examine		21. SIGNATURE OF FUNERAL SERVICE LICENS	ergward	1	Donal	and address of fac d V. Borg Powder Mi	wardt Fun	eral Holling	ome, P.A. le, Md. 20705		
event, the medica		23. PART I. Enter the diseases, or completions that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or haert failure. List only one cause on each line. Approximate interval Batwee Onset and Deat disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COM		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. MULTIPLE CARBNO VAS CULAN ACCI CLARS DUE TO (or As a consequence of): DUE TO (or As a consequence of):									
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hows ME		PART II. Other algorificant conditions por	ontributing to death of	ut not recuiting in	the underlyii	ng cause given in F	Pert I. 24s. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			PLACE OF DEATH (Chec	ck only one)				
or Item YSICI/			Inpatient 2 ER/Outp	atlent 3 DOA 4	THER: Nursing Ho	me 5 🗆 Residence 6	Other (Specify)				
marked, BY PH		27. MANNER*OF OEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y M 1 □	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED		
28 LS		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, stre	et, tactory, offi	79, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
IMPORTANT: If Item 2 O BE COMPLET		one) 2 MEDICAL EXAMINER: Or	: To the best of my knowled the beele of examination						suse(e) end menner ee stated.		
TO BE		29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	LINES P.	1, D.	in the second	D2574		29d. DATE SI	GNED (Month, Day, Year)		
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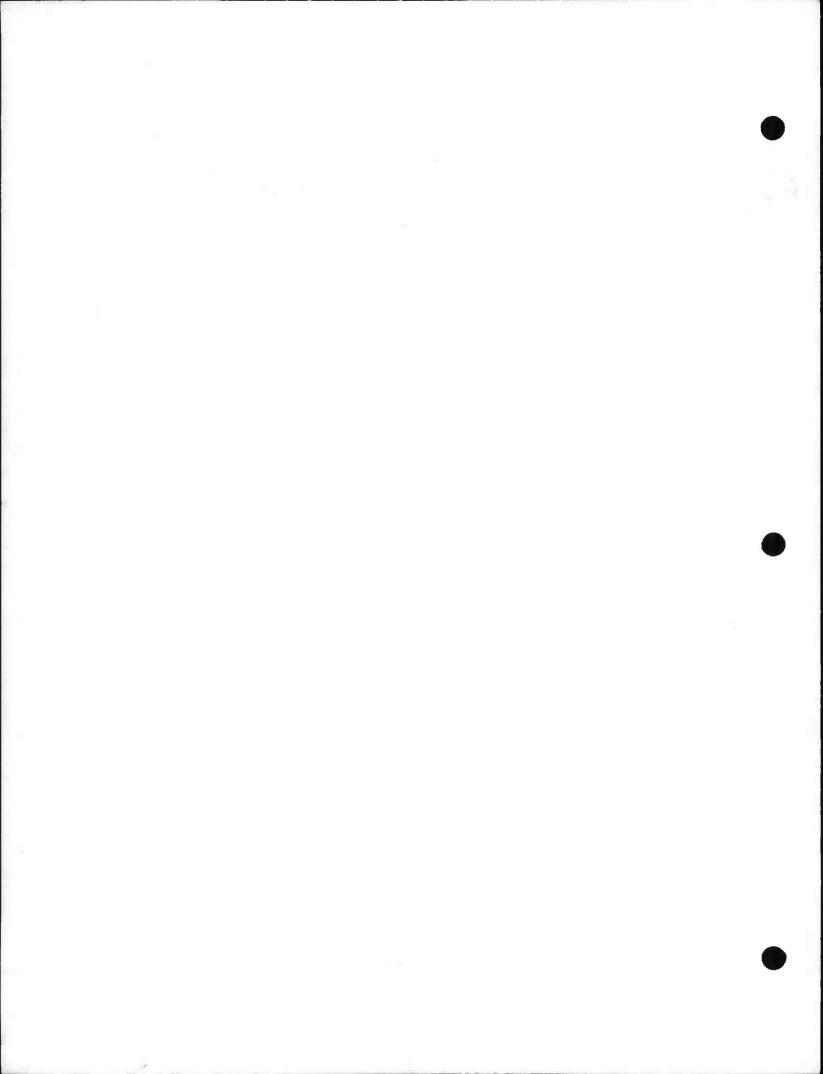
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	
be med within 72 hours arief death with the state bept, or health and mental hygiene phorito buriat, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

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	1 - STATE REGISTRAR	STATE OF MA				F OF H			MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Belizar(0)	Beliza	rio Pe	rez	P	oma			2. DATE MONTH	OF DEATH	7-937	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 4 217-35-6494 217-35-6494		AGE (In yes dest	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		BIRTHPLA Country) Per	CE (State or Foreign
E E	9a. FACILITY NAME (If not institution, give stress Shady Grove Ad		Hosp		9b. CITY			ON OF DE	ATH	12: 1	Mont	y of DEATH	ry ,
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		nobp.		Y, TOWN (OR LOCATI					1/101	1790	NCICY
		ntgomery			Ro	ckvi						1000	LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 5928 Lemay Road	3				101.	ZIP COD	€ 208!	E 1		1.1.2		S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 XN	MED O		If yes, spe	NDENT C	OF HISPAN	NC ORIGIN	? (Specify Yelican, etc.)		4. RACE — Black, Wi	American Indian.
COMPLETED	15. DECEDENT'S EDUC. (Specily only highest grade of	completed)	16a, DEC (Giv	CEDENT'S re kind of a Do NOT us	USUAL O	CCUPATIO during mos	N t of workin	ng	16b.	KIND OF BU	SINESS/INDU	STRY	
MPLI	Elementary/Secondary (U-12)	College (1-4 or 5+)	1		plo								
	17. FATHER'S NAME (First, Middle, Last)						18. MOTI			fiddle, Maiden	Surname)		
BE	Unknown 19a. INFORMANT'S NAME (Type/Print)		196	MAHING	Annoes	ne tourt?\ 3	ed Mumbas		a Po		m, State, Zip C	all and the	
2	Julia Perez (Da	aughter)									, MD		50
	29a. METHOD OF DISPOSITION 152 Burlel 2 Cremation 3 Remort 4 Donation 5 Other (Specify)	vel from State	cemetery, crem Gate	nd DATE of	ther place) Hea	sition/Nar	ne of Cem	١.	3/6		cation - ci		state .ng, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE FOR SIGNATURE SERVICE LICE FOR SIGNATURE SERVICE LICE F	- Ju	owl	lu	22. S	NOWI	ADDRE DEN			HOM 2085	E, P.	.A.	
	23. PART I. Enter the disease, or co shock, or heleft failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one cause	on each line.				le of dyl	ing, such	n as card	lac or reap	iratory erree	et,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE Observed or injury of the cause. Cause of injury of the cause of the cau												
CERTIF	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQU	UENCE OF	F):								
MEDICAL	PART II. Other significant conditions Typoteuru Resfer	au	ath but not re	esulting i	In the ur	nderlying	cause (given in I	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	COI	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL/	ACE OF D	EATH (Che	ock only one	»)			
YSIC	1 TYES 2 NO	HOSPITAL: 1 patient 2 = El	R/Outpatient 3	DOA	OTHER 4 Nur		5 🗆 Re	sidence (6 🗆 Other	(Specify)			
ву РН	27. MANNER OF DÉATH 11 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,		28b. TIMI INJ	E OF URY M	28c. INJU WOF 1 Y	IK?	NO NO	26d. DE\$	CRIBE HOW	NJURY OCCU	RED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF It building, atc.	JURY — At hom. (Specify)	ne, farm, s	street, fact	ory, office			281. LOCA	TION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLET		IAN: To the bast of my											I manner es stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	PANK	AT	LAL	, Mal		29c. LICE	ENSE NUM	671		29d, DATE S	BIGNED (Mo	nth, Day, Year)
IFI	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE (OF DEATH //TEM	27) (Time	Print)	•			,	-		, ,	1 -

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) fochville MUS 32. REGISTRAR'S SIGNATURE ,03 DHMH-16 Rev 1/89



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	MPORTANT: It them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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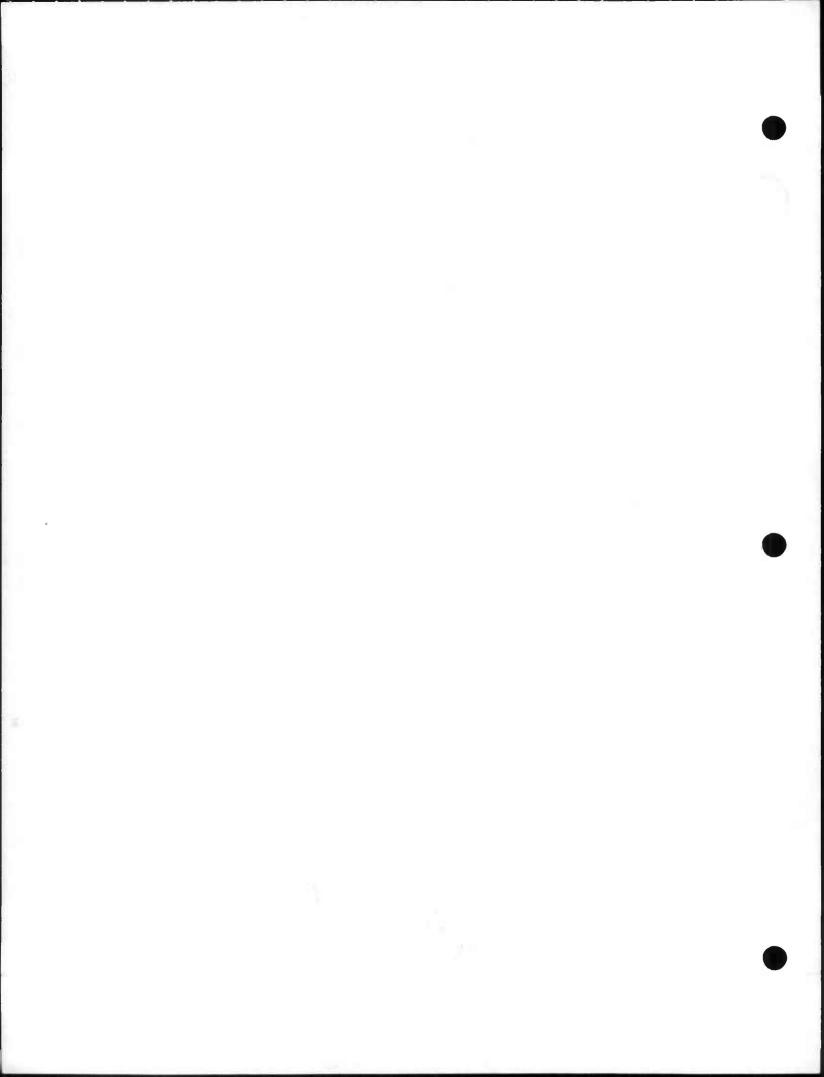
93 07187 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR EDNA ELIZABETH PADDY CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR ELI 2ABEI 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (SI 1 🗌 M 2 🔯 F 88 214-46-1448 5-18-1904 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY MD Anne Arundel Friendship 1 YES 2 X NO 10a. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 363 Sansbury Road 20758 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — Ame Black, White, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 1 TYES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify any highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker House 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sun Bessie Eleanor Birckhead Wallace Lee Paddy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 1615 Parham Place Silver Spring, MD 20903 Jack H. Rollison 20s. METHOD OF DISPOSITION
1 IZ Burial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Friendship UMC Cem. 3-8 -93 Friendship, MD 21. SKINATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 20736 M00248 Owings, MD Rausch Funeral Home 22 BART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List poly one cause on each line. Approximate ahock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition HKNOWK resulting in death) (OX CESTIVE HEART PAYLURE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events TIVE HEART DISSAGE DUE TO (OR AS-4 CONSEQUENCE OF): TOWARY SUBOCISM BY HOSTOR resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 T NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 DOA OTHER: ne 5 🗆 Residence 6 🗆 Other (Specify) 4 D Nu 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investige BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER
(Check only one)

29 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated one)

29 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated one) 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, de 29b, SIGNATURE AND THE OF CERTIFIER 29d. DATE SIGNED /Mo BE 2

2000



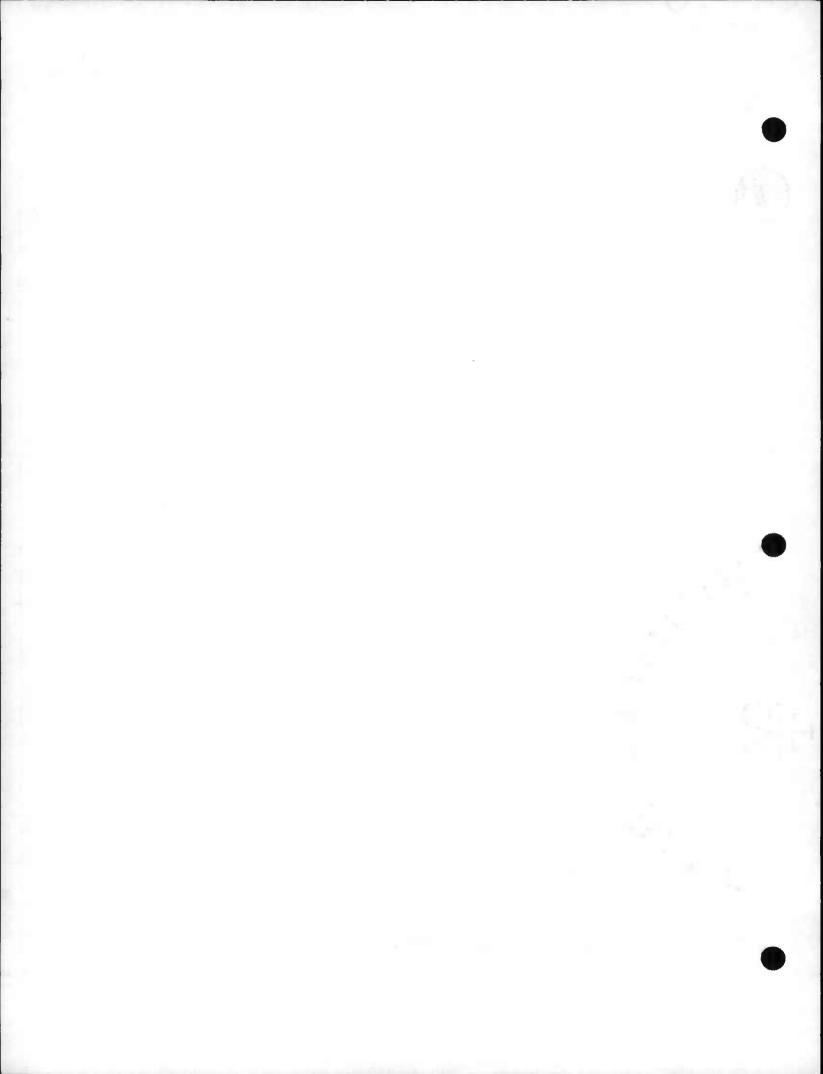
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	FICATE OF	DEATH	REC	3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEATH	
- 1	ZELLA LIZENA PFEIL						MARCH 2, 1993 YEAR 21:			
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE	(In yrs. last birthday	IF UNDER 24 HRS.	7. DATE OF BIR			HPLACE (State or Foreign		
	579-12-2511 1 M 2 M F 93 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 12-23-18							Coun	iry) IL	
~	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF DE			UNTY OF		
DIRECTOR	CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK CALVERY									
E	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
	MD	Calvert			Lus	by			1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
Ä	12747 Blair Rd.					0659		USA		
	1 Never Married 2 Married	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, :	CENDENT OF HISPAI pecify Cuban, Mexica S 2 MO Specif	n, Puerto Rican, e	cify Yes or No— Mc.)	14. RAC Blac Spec	E — American Indian, ck, White, etc.	
D BY	3 Wildowed 4 Divorced				**				white	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	(Give kind o	S USUAL OCCUPAT f work done during r. use retired.)	TION post of working	16b, KIND	OF BUSINESS/II	NDUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	hou	sewife			hc	me		
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,				
BE C	Sheridan	Но	wer		Fannie	e		Car	ntrall	
9	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City	or Town, State, 2	Zip Code)		
	Zella L. Crinigan			e as # 1		OATE 2				
	20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify)	from State	ob. PLACE AND DATI emetery, crematory or edar Hil	own, Slate						
1	21. SIGNATURE OF FUNERAL SERVICE LICEN		Cual IIII		ry 3/5/9		Suitlan			
	Dilliam R	9/1		Paus	ch Euror-	al Items	D 3		0736	
	23. PART I. Enter the diseases, or com	pligetions that caus	ed tha death. Do		ch Funera				ngs, MD	
	ahock, or heart fellure. Lia IMMEDIATE CAUSE (Finel	t only one ceuse on	eech line.						Interval Between Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) e. Light Cerebus vacula a ce' deuf DUE TO (OR AS A CONSEQUENCE OF): Attended to the condition of the conditio									
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions									
ATI	if any, leading to immediate cause. Enter UNDERLYING									
음	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):	·				-	
CERTIFICATION	resulting in death) LAST									
ū	PART II. Other algnificent conditions of	ontributing to death	but not resulting	In the underlyi	ng cause given in	Part I 24a V	WAS AN AUTOPS	v 24	b. WERE AUTOPSY FINDINGS	
DICAL	Chemic	Atria	1 5-6	ni/lal	V-	i P	PERFORMED?	-	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
G	. Attensche	whice?	reers.	- d'-	case	_ ''	YES 2 NO		OF DEATH?	
ä	supe	eteriño								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSDITAL.			PLACE OF DEATH (Ch	eck only one)			0	
YSI		OSPITAL:	tpatient 3 - DOA	OTHER:	me 5 🗆 Residence	8 Other (Speci	ify)			
PHYSICIAN: ME	27. MANNER OF DEATH 1 National 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	IJURY V	JURY AT ORK?	28d. DESCRIBE	HOW INJURY O	CCURED		
BY	2 Accident Investigation	280 PLACE OF IN ILI	W. Albana form		YES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide delermined	28e. PLACE OF INJUF building, etc. (Sp	ecity)	, atrees, sectory, on	ice	City or Town	(Street and Numb , State)	er or Rural	Houte Number,	
1	29a. CERTIFIER (Check only	N: To the best of my knc	wledge, death occu	rred at the time, de	te end place, and due	io lhe cause(e) e	nd menner as si	lated.		
MO	one) 2 MEDICAL EXAMINER:								e) end manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	-4/			29c. LICENSE NUI		29d, D/	ATE SIGNE	0 (Month, Day, Year)	
TO B	7000	~0/~~	(m)		D- 23	425	· ·	3/=	7/53	
F	30. NAME AND ADDRESS OF PERSON WHO C MUKESH MATHUR, M.D		PRINCE	FREDERI	CK, MD 2	20678				
	31. DATE FILED (Month, Day, Year) MAR - 5 1993	232. REGISTRAP'S SIG	Mandale				-	_	-	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

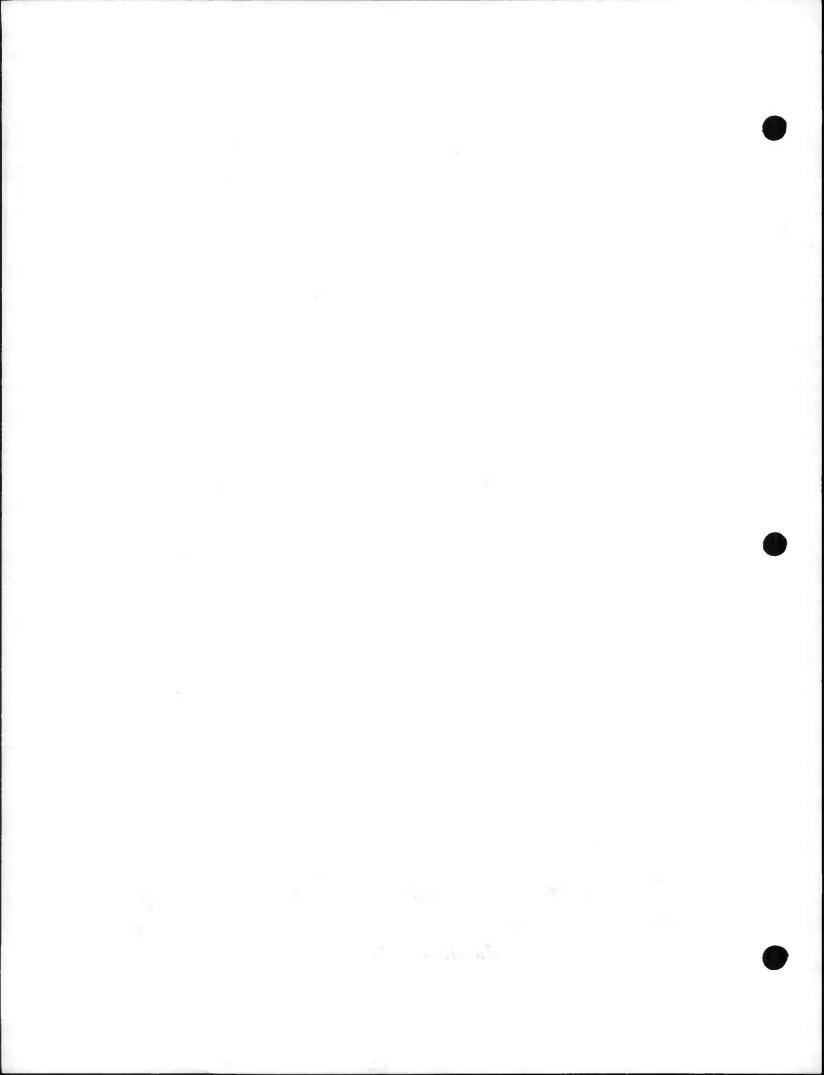


ANT: If item 28 is marked COMPLETED BY PI	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	28e. PLACE OF INJ building, etc. (uRY — At home, fari	INJURY WORK? 1 VES 2 NO farm, street, factory, office 28f. LOCATION City or Tou			t and Number or	Rural Route Number,	
PHYSICI,	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Despetient 2 ERA 28a. DATE OF INJU	RY 28b.	OTHER: 4 Nursing Ho		6 Other (Specify)	INJURY OCCUP	RED	
IAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C	1 <u></u> YES	2 4 HO	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 J.M.	
2	PART II. Other significant condition	dns contributing to deat	th but not resultir	g in the underly	ng cause given i		IN AUTOPSY	24b. WERE AUTOPSY FIN	
RTIFICATION	cause. Enter UNDERLYING CAUSE (Discess or Injury that initiated events resulting in death) LAST	C. OUE TO (DR /	AS A CONSEDUENCE	OF):					
NOI	Interest Cause (Final disease or condition resulting in death) Valvulv Cardronyoputhy								
	disease or condition resulting in death)	a. Val.	VULW AS A CONSEDUENCE	Cand	romyo	porthy		yea	
	23. PAIT I. Enter the diseases, or shock, or heart failure. IMPEDIATE CAUSE (Final	List only one cause o	used the death. D	o not enter the n	node of dying, su	ch as cardiac or res	piratory arres	t, Approximat	
	21. SIGNATURE OF FUNERAL SERVICE LI	censee	M00295	Hi		neral Ho Anne, md		3	
examiner must	1 D Burlat 2 Cremation 3 Ran 4 Donation 5 Other (Specify)		cemetery, crematory of Beechwo	or other place! Od Cem	etery	3-8 P:		e, Maryla	
TO BI	Mrs Edith Lor	ng	304	41 Oak	Street	, Prince	ss Ann	e, Md. 21	
111	Andrew J.	Hooks	10h MAII	MA ADDRESS (Com-	Clar	e Ogburi			
COMPL	17. FATHER'S NAME (First, Middle, Last)	1	Home	emaker	18. MOTHER'S N	AME (First, Middle, Maide	n Surname)	-	
H	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life, Do NO	I'S USUAL OCCUPA: of work done during if I use retired.)	nost of working	18b. KIND OF B	USINESS/INDUS	TRY	
ED BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O		1 🗆 YI	ES 2 NO Spec	Ny:		Specify: White	
FUNE	30441 Oak St.7 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED			ANIC ORIGIN? (Specify \can, Puerto Rican, etc.)		RACE — American Indias Black, White, etc.	
ERAL	10e. STREET AND NUMBER	nerset			SS Anne let. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?	
DIRECTOR	MARYLAND SON		10c.	CITY, TOWN OR LOC		-		10d, INSIDE CITY LIMITS?	
CTOR	PENINSULA REGIONA RESIDENCE OF DECEDENT	AL MEDICAL	CENTER	SALI	SBURY		WIC	OMICO	
	220 - 12 - 1520 9e. FACILITY NAME (If not institution, give		75		OR LOCATION OF I	03-31-1 DEATH	9c. COUNTY		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthde	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or For Country)	
	ALICE	MARIE		PHILLI	PS	MONTH O 3		105	

•	STATE REGISTR	AR
1. D	ECEDENT'S	NAI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* STATE REGISTRAR			CATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Pr.	Hmar			2. DATE OF DEATH MONTH	7-93	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 237-52-4779	5. SEX 6. AGE	IF UNDER 1 YEAR MONTHS DAYS			C	HETHPLICE (State or Foreign ountry) IFIELD, NC		
TOR	9a. FACILITY NAME (If not institution, give st 5901 CENTRAL AVEN RESIDENCE OF DECEDENT				A LOCATION OF DE		P. G.	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY D. C.	-	10c. CIT	Y, TOWN OR LOCAT	770			10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10s. STREET AND NUMBER 3312 DUBOIS PL.	C E			ZIP CODE 20019			OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 V NO	ADMED 12 WAS DECEMPENT OF HISPANIC COLORS OF THE NAME OF THE PAGE					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	(Give kind of a		at of working	16b. KIND OF BUS	SINESS/INDUSTF	94	
S S	10TH GRADE 17. FATHER'S NAME (First, Middle, Lest)		AUTO UF	HOLSTER		ME (First, Middle, Maiden	Sumamal		
BEC	UKNOWN				MARIE	PITTMAN	Surierie		
2	194. INFORMANT'S NAME (Type/Print)					Poute Number, City or Tow			
	PAULINE PITTMAN 20a. METHOD OF DISPOSITION 1XI Burial 2 Cremation 3 Remo	oval from State C6	b. PLACE AND DATE Of the setting of	OF DISPOSITION (Na	me of	1	CATION — City of	or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE LIC	ENSEE O	AKMONY ME	22. NAME AN	D ADDRESS OF FAC	2/27 LANGUTY GLER FUNER			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death, and not enter-the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO IDM AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
N: MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che			- //	
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF BEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	26b. TIM	4 Nursing Hom E OF 28c. INJ WO		8 Other (Specifical) 28d. DESCRIBE HOW II	NJURY OCCURE	Seat, partys	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, s activ)	treet, factory, office		28t. LOCATION (Street e City or Town, State)		ral Route Number,	
COMPLETED		CIAN: To the best of my known. R: On the bests of examination						rse(s) and manner as stated.	
IO BE	290 AMERICATURE AND TITLE OF CERTIFICE 30. NAME AND ADDRESS OF PERSON WHITE	Aufus O COMPLETED CAUSE OF DE	M)	Print)	20c. LICENSE NUN	ABER	29d. DATE SIG	NED (Month, Pay, Year)	
	31. DATE FILED (MONTH, Day, Year)	dribugz	man	5009	Kay	bura Ch	p 81	n Mes	
	FEB 2 4 19	97 didias	widson-19m	dell			V		



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BALTIMORE, MARYLAND 21215-0020

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR	CF	ERTIFICATE OF	DEATH	REG. NO		
	T)	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH MONTH D	AY YEAR	3. TIME OF DEATH
	- 8	Leonard		erkins		March 3	1993 "	11:35 A.M m
k	100	218-20-2980	5. SEX 6. AGE (In yrs. las	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1904 00	(THPLACE (State or Foreign Intry)
E C	Œ	99. FACILITY NAME (If not institution, give street Memorial Hospi			OR LOCATION OF DE	EATH	9c. COUNTY OF	
64	CTO	RESIDENCE OF DECEDENT	tar at Easton	East			Talbot	
permit, Pages	. DIRECTOR	10e. STATE 10b. COUNTY	160+	10c. CITY, TOWN OR LOCAL	1	e		10d. INSIDE CITY LIMITS? 1 YES 2 NO
Tist.	FUNERAL	9354_UNIONYIL	le RD. East	ON, MD, 10	1. ZIP CODE 216	01	10g. CITIZEN OF	S. A
ending prysician. as the bunal-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☐ N IF YES, GIVE WAR OR DATES	4O II yes, sp	CENDENT OF HISPAN Hecify Cuban, Maxica 5 2 NO Specify	IIC ORIGIN? (Specify Years, Puerto Rican, etc.)	Bi	CE - American Indian, ack, White, etc.
for use	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	ompleted) (Gi	CEDENT'S USUAL OCCUPATION for kind of work done during monday to NOT use retired.)		16b. KIND OF 8U	SINESS/INDUSTRY	
detached	WO	17. FATHER'S NAME (First, Middle, Last)	,		18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)	
8 & 6	BE	John We.	Sley SMOT		Sako	ah D.	NilK	ens
y be retained age 5 should be notified	10	RUSSELLE.	Perkins 8	MAILING ADORESS (Street &	IN ille R	D. East	n, State, Zip Code)	0,21601
6 ma stor, p		204 METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)	of from State Cemetery, cree	AND DATE OF DISPOSITION (Nametory or other place)	e Meters	1 1	CATION — CITY OF	
death. Page tuneral direct cxaminer n		21. SIGNATURE OF FUNERAL SERVICE LICEN		22, NAME A	ND ADDRESS OF FA	CILITY	one.	13.00
		Janelle C. J.	lenry	5/4-	washir	verton St.	Cambi	Ridge, MD.
24 hours filled in ion, or r he med		23. PART I. Enter the disease, or conshock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st Drily one cause on each line.	liogenic	de of dying, such	has cardiec or respi	iratory arrest,	Approximata Interval Between Onset and Deeth
and com b burial, natic ev	NOIL	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSECUTION OF THE TO (OR AS A CONSECUTION OF THE TO (OR AS A CONSECUTION OF THE TO (OR AS A CONSECUTION OF THE TO (OR AS A CONSECUTION OF THE TO (OR AS A CONSECUTION OF THE TO (OR AS A CONSECUTION OF T	Lateral /	140 cara	hal Int	archo	n 24 hrs
leath certificate be execut attending physician and c ntal Hygiene prior to burit y, or other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE DEV				
	ERTI	resulting in death) LAST		, oznoz 01 j.				
Me the	IL C	PART ii. Other aignificent conditions	contributing to death but not re	eeulting in the underlying	g ceuse given in	Part I. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
OR AT ENDING PHYSICIAN: The law requires mat the DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or Item 23 shows any in	MEDICAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH? 1 YES 2 NO
law rei								
IN: The faw required ficate has been so State Dept. of He item 23 show	PHYSICIAN:		HOSPITAL:	OTHER:	ACE OF DEATH (Che			
s certification that the sid, or	¥	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ		28d. DESCRIBE HOW II	NJURY OCCUREO	
frer this ceath with marked	BY	1 Netural 5 Pending 2 Accident Investigation		M 1 🗆	PRK? YES 2 NO			
ATTENDI ECTOR: A rs after de n 28 is	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, factory, offic	•	281. LOCATION (Street of City or Town, State)	and Number or Rura	l Route Number,
로 보었는	COMPLETE		AN: To the best of my knowledge, dea On the beele of examination end/or in					o(e) end menner ee stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE C	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM			D (Month, Day, Year)
E E E	0 B	Inta	\sim				▶ 3/4	/93
1		30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEATH (ITEM	20 (Type, Print)			-	
*		31. DATE FILEO (Month, Day, 1993) MAR - 5 93	32. RIGISTRAPIO SIGNATURE Y	andale				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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020	be retained by the hospital or attending physician.	ge 5 should be detached for use as the burial-transit permit,
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21,	0	Or us
.; MARYLAND 21215-0020	hospital	tached for
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	5	10
MAR	retained	should
	8	90

1 - FOR STATE REGISTRAR

BALTIMORE DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1. DECEDENT'S NAME (First, Middle, Last)	7)	OLITTII.	IOAI E OI	DEATH	2. DATE OF	DEATH	3. TIME OF DEATH
		Helen	Powitz			-,	2-	28 - 9	3 5.45 p
S-A		4. SOCIAL SECURITY NUMBER 213-05-9825	5. SEX 8. AGE	(In yrs. last birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF E	y. Year)	8. BIRTHPLACE (State or Foreign Country)
		9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			TY OF DEATH
	DIRECTOR	HNNE ARUNDE	L MED (TR	ANI	VAPOLI	5	AN	NE ARUNDEL
1	RE	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
permit. P	1 1	10e, STREET AND NUMBER		CH	ESTE				1 TES 2 NO
-is	FUNERAL	1603 BAYS)		_	1	01. ZIP CODE 2161	9	10g. CITIZ	EN OF WHAT COUNTRY?
ling physician. the burial-transit	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR 1	2 NO	If yea, a	CENDENT OF HISPA pecify Cuban, Maxic S 2 1 NO Speci	en, Puerlo Ricar	pecify Yea or No— I, atc.)	14. RACE — American Indian, Black, While, atc. Specify:
as	G	15. DECEDENT'S EDU		16a. DECEDENT'S			16b. KIN	D OF BUSINESS/INDI	DSTRY
6 7	COMPLET	(Specify only highest grade	College (1-4 or 5+)	SECRE	E ITACHI	nost of working	BA	HT TOA	Neit Co
by the hospital be detached for at once.		17. FATHER'S NAME (First, Middle, Last)	0-		3/1/2/	18. MOTHER'S NA	ME (First, Middle	s, Maiden Surname)	0.
5 should to	BE	19a. INFORMANT'S NAME (Type/Print)	4m Pow		ADDRESS (Street	and Number or Burel	South Number C	ANNAH Ity or Town, State, Zip	CRAFTON
	임	PAT SIPES		125	8 VA	~ CAM	D CT	- AniNA	POUS 2140
leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem		b. PLACE AND DATE (petery, cremetory or of		lame of	DATE	20c. LOCATION - C	ity or Town, State
Page 6		4 Donation 5 Other (Specify)		OUDON	PARK	ND ADDRESS OF FA	3/3	DALT	ms.
death. Page tuneral direct.		·Wa	B		Roo	^ · · · · · · · · · · · ·		11 CHICH	E Huy,
by the		23. PART y Enter the diseases, or	complications that cause	d the death. Do n	ot anter the m	oda of dying, suc	th as cardiac	or reapiratory arm	PARK, MD 2114 Pat, Approximate
rted within 24 hours completely filled In ial, cremation, or re event, the med		IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	e	VA					interval Betwee
D 0 7 0	z		DUE TO (OH AS	A CONSEQUENCE OF	7):				
e be execut sician and c prior to buris traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7:				
certificate be nding physicia Hygiene prior or other trau	FIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (DR AS	A CONSEQUENCE OF	n:				
leath certificate be attending physician rital Hygiene prior to y, or other traur	ITI	reaulting in death) LAST	d		,				į
that the deathed by the attempt the and Mental and injury, or		PART II. Other algnificant condition	ns contributing to death t	out not resulting i	n the underlyir	og cause given in	Part I 24a	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING
uires that the signed by the Health and ws any in	EDICAL	Alzhein	4			.,		PERFORMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE
equires the signed of Health hows an	MEI	W						AER SA WO	OF DEATH?
YSICIAN: The law requi s certificate has been s th the State Dept. of H id, or item 23 show	AN	25. WAS CASE REFERRED TO MEDICAL							
IN: The ficate h State C	SICIAN:	EXAMINER?	HOSPITAL:	petlant 3 DOA	OTHER:	LACE OF DEATH (Ch			
PHYSICIA this certifi with the riked, or	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN	JURY AT ORK?		E HOW INJURY OCCI	JRED
OING PHYS After this death with	BY	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
TTEN TOR: after	E	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Spe	f — At home, lerm, s cify)	treet, lactory, offic	ce	281. LOCATION City or Tox	N (Street and Number of vn, State)	er Rural Route Number,
DIRECT POURS	iu I	29a. CERTIFIER (Check only	ICIAN: To the best of my know	riedge, daath occurre	d at the time, date	and place, and due	In the cause(a)	and manner as state	4
HOSPITAL FUNERAL Within 72 I	COMPL	one) 2 MEDICAL EXAMINE	R: On the beals of examination	n and/or investigation	n, in my opinion,	death occured at the	Hme, data and	place, end due to the	cause(s) and manner as stated,
TO THE HOSPITE TO THE FUNER DE filed within 7 IMPORTANT: 1	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
5 5 3 X	6	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLOS CO	ATLI STEEL -		D35	036	▶ 3	12183
		Gam So	COMPLETED CAUSE OF DE		nn Av	o 0.	w h	on m	211-1-1
	1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		- 0-1 Ad D.	- W	MALLI	0.0	21010

Julia Davidson Randalle

MAR 0 4 1997

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5MD 2114E Approximata interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

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DIVISION OF VITAL RECORDS, P.O. BOX 687	PHY	this
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	8	FIN
	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	THE FINERAL DIRECTOR. After this certificate has been closed by the attending placing and co

	1. DECEDENT'S NAME (First,	Miririla (ast)	-							1	4 0475 05 054574	•			
	M	ARY B	RAN	KIN	1						2. DATE OF DEATH	2	93	3. TIME GROWENTH	
	4. SOCIAL SECURITY NUME	ER 5	s. SEX	8. AGE (In	yrs. Inst b		IF UNDER		IF UNDER		7. DATE OF BIFTTN		8. BIRTH	8. BIRTHPLACE (State or Foreign Country)	
	017-05-233	2 1	☐ M 2 12/1/1/F		76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) May 30	1916		ine	
~	9a. FACILITY NAME (If not in				_		9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH		
DIRECTOR	Holy C		ospital				Silver Spring Montgo					mery			
Si l	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY				
듬	Md. P.G.							Hyat	tsvi	lle	LIMITS?			LIMITS?	
A	10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZEN OF			WHAT COUNTRY?		
FUNERAL	5025	36th. A	Ave.					1 2	0782	}	U.S.A.			Α.	
5	11. MARITAL STATUS		2. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARME	:D	13.	WAS DEC	ENDENT (OF HISPANI	IC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian,	
ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	AR OR DAT	ES					Specify:			Speci	lfv:	
	15. DEC	EDENT'S EDUCAT	TION		16a. DECE	DENT'S L	ISUAL O	CCUPATION	DAI.	_	16b, KINO OF BU	CINECC /IN	DISTRY	White	
E	(Specify onl) Elementary/Secondary (0)	r highest grade cor	mpleted) College (1-4 or 5 +		(Give	kind of wo	ork done i	during mo	st of working	ng	ISSU, KSHO OF BO	SINES\$/IN	DOSINI		
COMPLETED	12				H	omen	ake:	r			Home	2			
Ö	17. FATNER'S NAME (First, M.								18. MOT	HER'S NAM	NE (First, Middle, Maiden	Sumame)			
BE	Fred		rstow	_						ary		llia			
2	19a. INFORMANT'S NAME (7) James										oute Number, City or Tow				
	20a. METHOD OF DISPOSITI	Rankin				251	_		Cr	t. 1	Manassas,			110	
	1 Donation 5 Other	n 3 🗆 Remova	I from State	comet	LACE AND	tory or oth	er piace)	iTION (No	me of		0ATE 20c. LO 3/3/93 Ri				
,	21. SIGNATURE OF FUNERAL		SEE # 67		1101110	CIB				SS OF FAC					
	Man	wn < /	1200	1							H . H . CL			Co. Inc.	
	23. PART I. Enter the di	seases, or con	nolications that	l caused i	the deat	Do no					d Ave. Riv				
	snock, or hi	aart fallure. Lia	t only ona cau	se on aac	ch iina.	ii. 50 ii.	or enter	the mo	^	mg, such	es cerdiac or resp	iratory ai	rwat,	Approximate interval Between	
	iMMEDIATE CAUSE (Findisease or condition	al ·	Car	dis	bus (ma	Max	7/	Ag	hea	4.			Onset and Death	
	PUE TO (OR AS A CONSEQUENCE OF):														
z	Congertine Carolibrigopally														
8	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING														
길	CAUSE (Disease or injury that initiated events				or as a consequence of: As a consequence of: Of as a consequence of:										
CERTIFICATION	resulting in death) LAS	7 h	Emply sema , Cox Inlmonale								j [
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE										AVAILABLE PRIOR TO				
ğ				1	org	amilana				1 YES 2	NO		OF DEATH?		
#									1 TES 2 NO						
A	25. WAS CASE REFERRED TO		mul	00	ava	over	ve	26 PI	ACE OF D	EATH (Ch	ck only one)	_		- 4	
PHYSICIAN	EXAMINER?	H	OSPITAL:	FR/Osrtpat	lent M		OTHER	1 :							
主	27. MANNER OF DEATH		28e. DATE OF	INJURY	- 1	8b. TIME									
84		Pending Investigation	(Month, Di	ny, roar)		INJU	M		RK? FES 2	NO					
ED B	3 Sulcide 8 .	Could not be	28e. PLACE Of building,	F INJURY -	At home	, farm, st	reet, fact	ory, offic		281. LOCATION (Street and Number or Rural Route No. City or Town, State)			Poute Number,		
	4 Homicide	Setermined									ony or rown, orace,				
4											to the cause(s) end me				
COMPLET	2 MEDI	CAL EXAMINER: (On the basis of ex	camination (end/or Inve	atigation	, In my o	pinion, d	eath occur	red at the t	time, date end place, ar	d due to t	he ceuse(s) and manner es stated.	
BE (296, SIGNATURE AND TITLE	OF CERTIFIER	1/21/0	100	1/1	1,0	Δ	Λ	29c. LICI	ENSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)	
2	30 NAME AND ACCOUNTS	DEDOCTION -	VIVE	K ('	V /	+10	111:			178	143	<u></u> .	3 2	193	
	30. NAME AND ADDRESS OF	VAI	D.M.D	3311	Tal			chal	0 #	B10	2 Kyalis	vil	Qo 1	nd.	
	4405	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													

DIRECTOR

FUNERAL

BY

COMPLETED

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resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINERY
1 YES 2 NO

29b. SIGNATURE AND TITLE OF CERTIFIER

27. MANNER OF BEATN

1 Matural
2 Accident

3 Suicide

4 Nomicide

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF

26. PLACE OF OEATH-(Oheck only one) OTHER: Residence 6 - Other (Specify) 4 - Nursi

28c, INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER 78 cc 6 29d. DATE SIGNEO (Month, Day, -28

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

5 Pending Investigation

6 Could not be

8218 WILL COUR!

DOR

31. DATE FILED (Month, Day, Year) 03 '93 32. BEGISTRAR'S SIGNATURE relia Davidson

OHMH-16 Rev 1/89

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

detached for use as the burial-transit

the funeral director, page 5 should be

filled in by

has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation,

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IMPORTANT:

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DIRECTOR: After the hours after death w

FUNERAL I HOSPITAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

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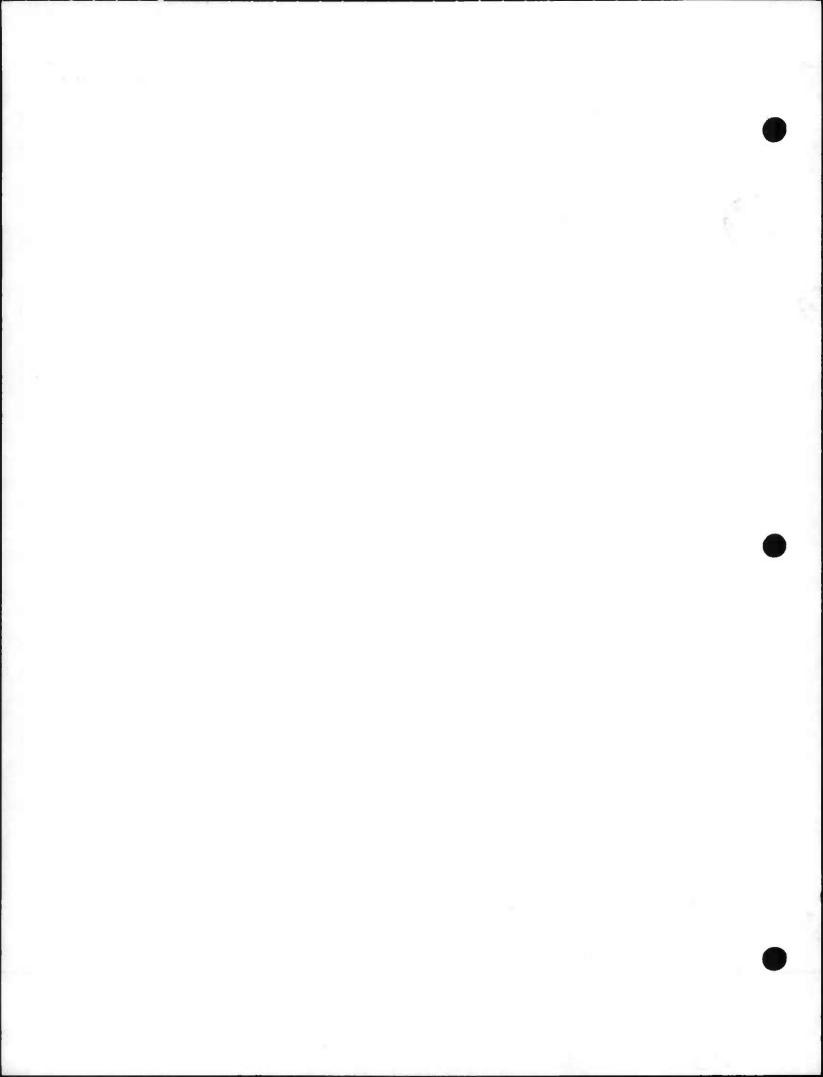
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



No	77M 118	STATE OF N	4		3	C	1161	623	07 0	8/1	1/9	93	07+95
	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAR	TMEN	T OF H	DEAT	AND	MENTAL	HYGIEN	E	1145	7 K.
	1. DECEDENT'S NAME (First, Middle, Last)	Dusco	NICHOL	AS R	UGG	IERI	1		2. DATE OF		AY	YEAR	3. TIME OF DEATH
	NICHOLQS 4. SOCIAL SECURITY NUMBER	Ruggi							a	a	4	93	2:40 p.
	038-05-8773	1 X M 2 F	6. AGE (In yrs. I		MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, D	ey, Year)	Country		
	9e. FACILITY NAME (If not institution, give s		/	79			Dec. 16,			16,	1913 Rhode Island		
FUNERAL DIRECTOR				9b. CITY, TOWN OR LOCAT									
	Suburban Hospit				Betr	resda				Montgomery			
	10a. STATE 10b. COUNT				OR LOCAT	TION					- 1	IOd. INSIDE CITY	
		gomery		Po	toma								YES 2 NO
	10e. STREET AND NUMBER					101	. ZIP CODE						IAT COUNTRY?
	1489 Dunsten La	ne 12. WAS DECEDEN					2085				U.S		
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	13	If yes, sp	ecify Cuba	n, Mexica	HC ORIGIN? (S in, Puerto Rica	Specify Yea in, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 📉 NO	Specify	y:			Specify:	White
E	15. DECEDENT'S EDU (Specify only highest grade		16a. C	ECEDENT'S	USUAL (OCCUPATION	ON		16b. KI	ND OF BU	SINESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	, #	Give kind of a fe. Do NOT us	work done se retired.;	during mo	st of workin	g					
		2	F	oreig	n Se	rvic	e Of	fice	r US	Dept	. of	Stat	e
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Midd	fle, Maiden	Surname)		
BE	Ludivico	Ruggier							lianna				
2	190. INFORMANT'S NAME (Type/Print)								Route Number,				
Ì	Mary Ann Kraus						-	Ct.,	Potor		-		
	20a METHOD OF DISPOSITION 11. ABurlal 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, c	remetory or o	ther place)			DATE			City or Town	
	21. SIGNATURE OF FUNERAL SERVICE LIE	ENGLE	Gate	OI H	eave	en Ce	mete	ry	3-1	Rock	CVILL	e, MD)
	· / 1 V	1) 1			-	JOSI	PH G	ÄWLĒ	CR'S SC	ONS,	INC.		
	Can I	Eskerto	27										DC 20016
											Approximate Interval Between		
	IMMEDIATE CAUSE (Final									1211	Onset and Death		
	resulting in death)	have of Non Noagkins Lymp							Lom	4	Zuks.		
_	disease or condition resulting in death) s. Leukemic phase of Non Hoogkins Lymphonic Due to (or as a consequence of): charic Lymphony the Leuhennic Due to (or as a consequence of):												
ERTIFICATION	Sequentially list conditions,	NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):								Zulc.			
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E	resulting in desth) LAST d. Inetabolic acido 53									Zutes			
O	PART ii. Other significant conditions contributing to death but not requisite in the section in												
PHYSICIAN: MEDICAL	charace shock							liven in	Part I. 24	PERFOR	AUTOPSY	A	WAILABLE PRIOR TO
	C///////C 02005	myre	ruln	ronou	7	moe	_		1	YES 2	3 NO		OMPLETION DF CAUSE OF DEATH?
Σ									_			1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
Sic	EXAMINER?	HOSPITAL:	FR/Outpetlant	3 🗆 DOA	OTHE	R:				=1.0			
Η	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. T/M	E OF	28c. INJ	URY AT	☐ Residence 8 ☐ Other (Specify) T 28d. DESCRIBE HOW INJURY OCCURED					
	1 Natural 5 Pending	(Month, Da	ly, Year)	INJ	URY		RK? (ES 2	NO					
D BY	3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At h	ome, farm, s	street, fac	tory, office			281. LOCATION (Street and Number or Rural Route Number,				ite Number,
	building, stc. (Specify) City or Town, St							wn, 37916)	(ete)				
COMPLETED	290. CERTIFIER (Check only	CIAN: To the best of	my knowledge, d	leath occurre	d at the	time, date	end place,	end due	10 the cause(s	n) end men	ner as stat	ed.	
S.	one) 2 MEDICAL EXAMINE												and menner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICE	NSE NUM	IBER		29d. DAT	E SIGNED (A	Aonth, Day, Year)
0 8	albert		D312			112				493			

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NIS CANSIN AVC, #105 Bathosda, MD 2084

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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32. REGISTRAR'S SIGNATURE
Fulia Davidna Par

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cemation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

_	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours
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SION OF VITAL RECORDS, P.O. BOX 68760,	WE
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	GERTRUDE RILEY		2. DATE OF DEATH MONTH DATE OF 2 - 2 6 - 9		3. TIME OF DEATH 0725 am					
	4. SOCIAL SECURITY NUMBER 5 7 7 2 2 0 3 8 1 1 M 2 F 8 2 YRS. 1 Norths DAYS HOUR		7. DATE OF BIRTH (Month, Day, Year) 08-17	8. BIRT Coun	HPLACE (State or Foreign					
TOR	Sa. FACILITY NAME (If not institution, give street and number) WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK BESIDENCE OF DECEDENT 96. COUNTY OF DEATH MONTGOMERY									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CTY, TOWN OR LOCATION	OVER HI	LLS		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 7022 TAYLOR TERR.	20784		WHAT COUNTRY?						
B		uban, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14, RAC Blai Spe	E — American Indian, ok, White, etc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) CREDIT CLERK	orking	16b. KIND OF BUS	INESS/INDUSTRY						
		OTHER'S NAME	E (First, Middle, Maiden :							
TO BE	190. INFORMANT'S NAME (Type/Print) PATRICK RILEY SAME AS ITEM									
	20a. METHOD OF DISPOSITION 1	3/1/	1	CATION — City of T						
	21. SEGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADD W. W. CH		LITY							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete interval Between									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERTIF	that initiated events resulting in death) LAST d									
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceus	e given in Pa	24a. WAS AN / PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
	1 YES 2 NO									
PHYSICIAN	28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED									
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
TO BE (Durch man	1487	7/	b 7 -	O (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SURESH GUPTA M.D. 9801 CEORGA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	AVE	SILVER	2 5PR.	Mcl.					
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE Sulia Savidana Randolle	•	/							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

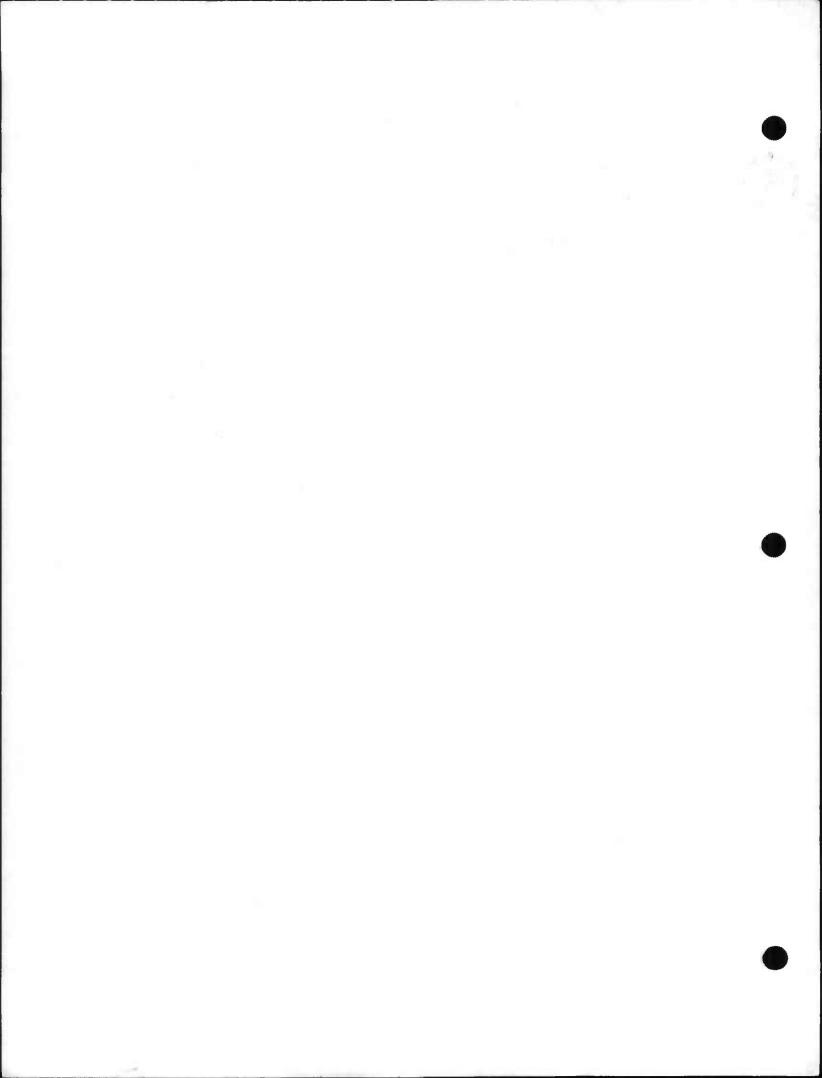
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Rober	A. ROBER			2. DATE OF DEATH MONTH	MY 1	YEAR 8 45 A M		
	4. SOCIAL SECURITY NUMBER 579–18–5143	1 🔀 M 2 🗆 F		MONTHS DAYS HOURS MIN. (Morth, Day, Year) AUG. 14, 19						
TOR	9a. FACILITY NAME (If not institution, give s SUBURBAN HOSPITA RESIDENCE OF DECEDENT		BETHE	SDA_	EATH	y of death TGOMERY				
DIRECTOR	10a. STATE 10b. COUNT MARYLAND MONT		TOWN OR LOCAT			10d, INSIDE CITY LIMITS? 1 YES 2 NO				
RAL	10e, STREET AND NUMBER				ZIP CODE			N OF WHAT COUNTRY?		
COMPLETED BY FUNERAL	3929 WELLER ROAD 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR I	2 NO	13. WAS DEC	cify Cuban, Maxico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	US/ s or No — 14	4. RACE — American Indian, Black, White, atc. Specify:		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	1 1944-1946 CATION Completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo retired.)	st of working	16b. KIND OF BU				
	1.2 17. FATHER'S NAME (First, Middle, Last)		STAFF S	PECIALI			RO LAB	S		
BE CO	M. DAVID ROBERT	SON				AME (First, Middle, Maider E ASBURY B				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or Tox		ode)		
-	DORIS JUNE ROBERT 200_METHOD OF DISPOSITION		3929 WE			ER SPRING				
	1 🖾 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 6 🗆 Other (Specify)	centrom State	b. PLACE AND DATE OF metery, cremetory or othe IORBECK ME	MORIAL		3/3/930L1		y or Town, Stata ARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Sternal		FRANCI 500 UN	IVERSITY	LINS FUNER	SIL.SI	PR.,MD.20901		
ION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or complication that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset and Death of the conditions, as a consequence of:									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other algnificent condition	s contributing to deeth	but not resulting in	the underlying	cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATH (Ch	eck only one)				
is l	1 YES 2 NO	HOSPITAL:	patlant 3 DOA 4			6 Other (Specify)				
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	TY WO		28d. DE\$CRIBE HOW	INJURY OCCUP	4ED		
	3 Suicide 8 Could not be determined	2 Accident 3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)								
COMPLET		CIAN: To the best of my known. R: On the beals of examination						tause(a) and manner as stated.		
TO BE C	295. SIGNATURE AND TITLE OF CERTIFIED	lle, 7	20		29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	PIN	Phil	000	Iny!	0.830 On		
	31. DATE FILED (Month, Day, Year) MAR 02 93	Julia Davids		<u> </u>	j					





DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	irs after death. Page 6 may be retained by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filed within 72 hours after clearly with the State Deot, of Health and Mental Hyolene prior to burial, cemariton, or removal.	n by the funeral director, page 5 should be detached for use as the burial-tr- removal.
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	ų.										
	ITEMS: 28c,d						93	071	98		
	1 - STATE M.K	STATE OF MARYLA	ND / DEPARTA CERTIFIC			MENTAL HYGIEN REG. NO	_				
i.		obert Mario	on LaFol		Reed		3-7-93	3. TIME OF DE	EATH		
	ROBER M NECD 03 04 93								5 A H		
	Contract to the second of the	SEX 6. AGE (In		HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or	Foreign		
	9a. FACILITY NAME (If not institution, give street	¥/	city, town	OR LOCATION OF DE	09 1306	Noar) Secounty of Death					
OR	SHOCK TRAUMA	9			timore			timore	100		
5	RESIDENCE OF DECEDENT		the CITY T	OWN OR LOCA			1 Dat				
DIRECTOR	MO HA	Harford	BE		-			10d, INSIDE CI LIMITS? 1 DES 2	.TY		
	10e. STREET AND NUMBER		1170		f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY			
FUNERAL	2019 Gumt	ree Terro	ici		2101	5	US	A.			
F	11. MARITAL STATUS 12 1 Never Married XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	CENDENT OF HISPAN secify Cuban, Mexican	IC ORIGIN? (Specify Yes	or No — 14, RAI Bla	CE — American In ick, White, etc.	ndian,		
BY	3. Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		2 NO Specify			ony:	al a		
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con	TON	16a. DECEDENT'S US	UAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUSTRY	_ WIII	TC.		
		College (1-4 or 5+)	Chemical	etired.)			ering an	d			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	01101110011			CONSTITUTE (First, Middle, Maiden					
	Henry W. Reed	1				ance	Ovitt				
TO BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural R	oute Number, City or Tow	n, State, Zip Code)				
F	R. Michael Reed 2019 Gumtree Terrace, Bel Air, Md. 21015										
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)										
	4 Donation 6 Other (Specify) R. A. Ferris Crematory 3-8-93 West Chester, Pa. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Samuel K1	MA Quan	1 - 1 -	Howar	d K. McCo	mas III F	uneral H	lome, P.	Α.		
	Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	snock, or neert tallure. List only one cause on each line. Interval Between Onset and Death										
	disease or condition										
	THE PROPERTY OF THE PARTY.	DUE TO (DR AS A	CONSEDUENCE OF):		•				A 10		
NO N	Sequentially list conditions, b	DUE TO (OR AS A	CONSEQUENCE OF:	IET/	91 SU	BOURA	Y HE	MATION	17)		
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	that initiated events	DUE TO (DR AS A	CONSEDUENCE OF):								
CERTIFICATION	resulting in death) LAST										
	PART II. Other aignificant conditions c	ontributing to deeth bu	t not resulting in t	he underlyln	g ceuse given in i	Part I. 24a. WAS AN		Ib. WERE AUTOPSY			
9						1 YES 2		COMPLETION O OF DEATH?			
M						_		1 YES 2	□ NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (Che	ck only one)					
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并	27. MANNER OF DEATH	28s. DATE OF INJURY (Morrie, Day, Year)	28b. TIME O	F 28c. IN.	JURY AT DRK?	Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED Subject					
84	1 Netural 5 Pending 2 Accident Investigation	2 24 9	3	M 1 🗆	YES 2 📉 NO	slipped	on ice	& fel	i		
- 1	3 Suicide 6 Could not be 4 Homicide determined	26e, PLACE DF INJURY - building, atc. (Specif	- At home, farm, atre-	et, factory, offic		281. LOCATION (Street a City or Town, State)	2019 Gu	Moute Number,	Terr		
		drivewa				Belair, M	D .				
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C	N: To the best of my knowle On the basis of examination						vial and manner	a stated		
	FIRE SIGNATURE AND TITLE OF CERTIFIER			, op.inori, t	29c. LICENSE NUM			ED (Month, Day, Yea	110000		
BE	1 / Line days	EliB-1	ALEGAR)ħ	Danc) (L)	≥ 3	A (13	")		
2	30 HARE MICHADORESS OF PERSON WHO C	COMPLETED CALIFE OF DEAL	01010		1746	741		11177			

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27),

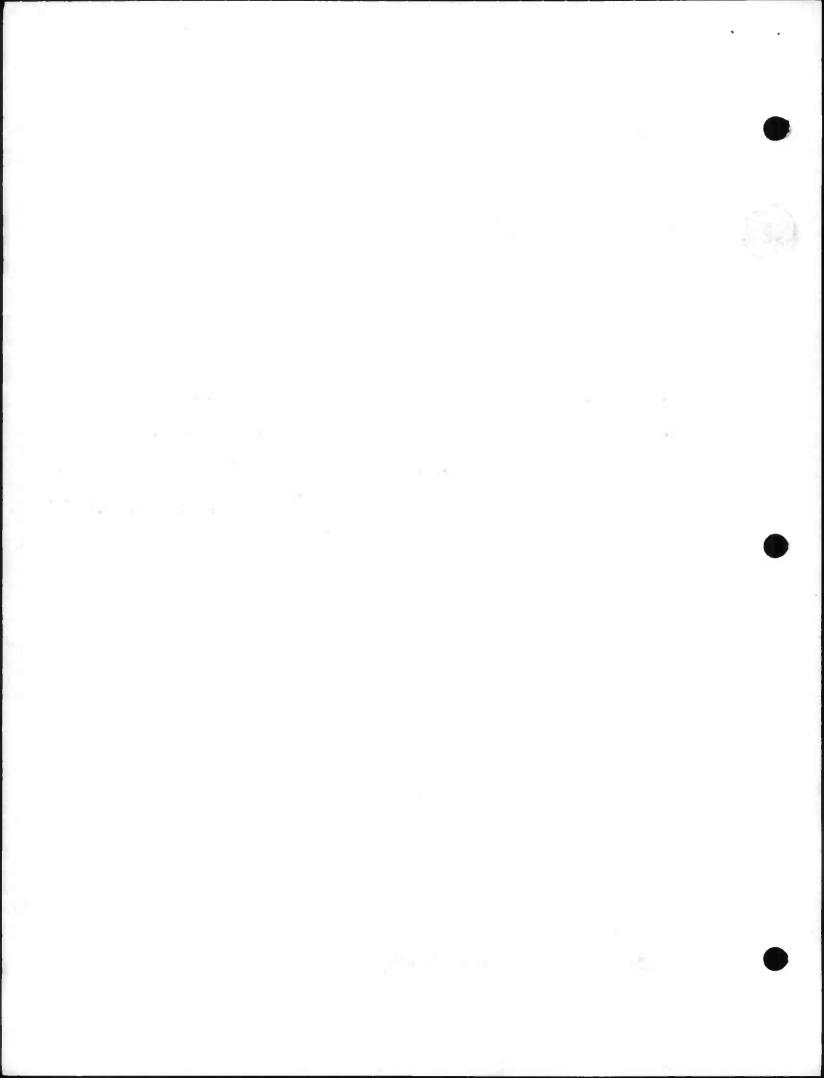
RAUMA BALLIMON O

1004)

32. REGISTRAR'S SIGNATURE MVD 08 .03

DEATH (ITEM 27) (Typo, Print)

DHMH-16 Rev 1/89



		1000
BALTIMORE, MARYLAND 21215-0020	4: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page on or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

		FOR 1 STATE	STATE OF MARYLAN	ND / DEPARTI	MENT OF H	IEALTH AND I	MENTAL HYGIEN	_E 93	07199
		REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
	1	1. DECEDENT'S HAME (First, Middle, Last) Brya Lye-	sh Robin	CNO			2, DATE OF DEATH MONTH DA		
		4. SOCIAL SECURITY HUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTTH		3 3 23 P M BIRTHPLACE (State or Foreign
THE REAL PROPERTY.		9e. FACILITY HAME (If not institution, give a	1 M 2 DF / W	YRS.	ONTHS DAYS	HOURS MIN.		993	SALTIMORE
	стов		ayland Med	0 .	BALTI	MORE	ATH	BALT	I MORE
sec	EC	10e. STATE 10b. COUNT	1	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY
регтіt. Pages	L DIREC	Maryland Wico	mcio	Sali	sbury	I. ZIP CODE		I	LIMITS?
135	FUNERAL	407-A Keene Av	enue Salio	shury		21801			OF WHAT COUNTRY?
physician. burial-transit	5	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.	I.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	Or No.— 14.	RACE — American Indien,
	BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ES X NO		ecify Cuban, Mexica 2 HO Specify	n, Puerto Ricen, etc.)		Black, White, stc. Specify:
as	ED E	15. DECEDENT'S EDU	CATION 16	6a, DECEDENT'S US	LIAL OCCUPATION	23	16b. KIHD OF BUS	PINESS (MOUST	Black
for u	til	(Specify only highest grade Elementary/Secondary (0-12)			k done during mo		rea. KINO OF BUS	SINESS/INDUS I	RY
the hospital detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)	n-a	n-a	_	40 MOTHERIC NA	ME (First, Middle, Maiden	2	
5 8 TE	ш	Anthony Robi	nson				ne Wright		2
5 should	TO B	19e, INFORMANT'S HAME (Type/Print)	1)+	1			Route Number, City or Tow	n, State, Zip Cod	lo)
age age		20a, METHOD OF DISPOSITION	whight	1915-B		st. Sa		2180	
e 6 may ector, pa must b	1	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cemete	ory, cremetory or othe Chance	r place)		1	CATION — City	
Page ral dire	- 4	21. SIGNATURE OF PUNERAL SERVICE LIC		<u> </u>		ND ADDRESS OF FA	CILITY	nance,	MD
ter death. Page 6 m the funeral director, wal.		* Lussell 4	Tooks)		Fooks		al Servio 574 Salis		21801
hours aft of in by or remo		IMMEDIATE CAUSE (Finel	List only one ceuse on each	h line.	antar tha mo	da of dying, suci	h as cardiac or respi	iratory arreat,	Approximata interval Between Onset end Death
	7	disease or condition resulting in death)	DUE TO (OR AS A)CO	ysm o	- Ve	inof	Galen		birsh-dew
\$ 5 E						V.			
6 D 3 =	z				east	Faily	ne		п
8 0 5	TION	Sequentially list conditions, if any, leading to immediate	DUE TO TOP AS A CO	ONSEQUENCE OF):	eart	Failu	re	0	A (
be excian a ior to	FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO GOT AS A CO	onsequence of:	eart	Fail u	re la Co	ogula	A (
be excian a ior to	RTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO TOP AS A CO	onsequence of:	Eart	Failu	lar Co	ogula	A (
death certificate be es attending physician a ental Hygiene prior to ry, or other traum	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO GOR AS A CO	onsequence of:	Int				porty n
death certificate be es attending physician a ental Hygiene prior to ry, or other traum	ادا	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO GOR AS A CO	onsequence of:	Int		Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS MAIL BUE PRIOR TO COMPLETION OF CAUSE
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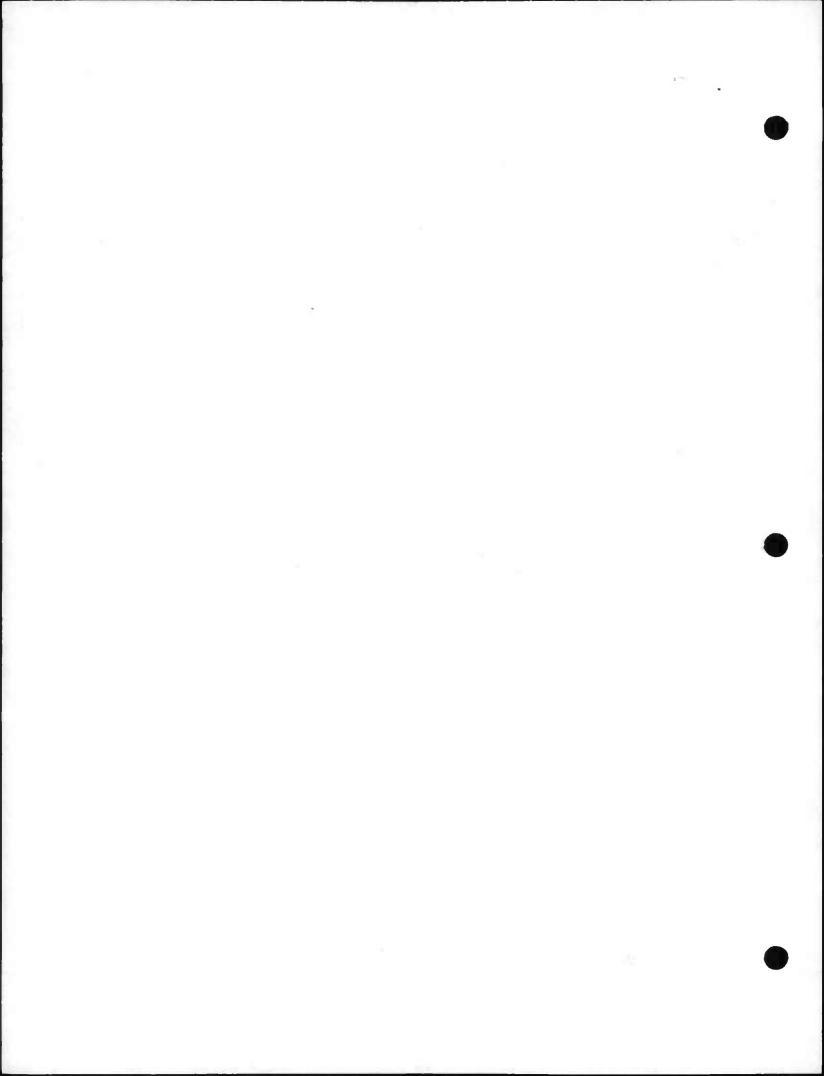
TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	Pour	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	Middle, Last)								2. DATE OF D	EATH			3. TIME OF DEATH
G	race	LaRue	Rich	ards					Mar.	4.	199	YEAR 3	1435 M
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1	_	IF UNDER		7. DATE OF B	INTH			IPLACE (State or Foreign
214-28-5648		1 🗌 M 2 🔀 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	5/23/	1905	- 1		" yland
Sa. FACILITY NAME (If not ins							OR LOCATE		ATH			NTY OF D	
Carroll Cou	inty G	eneral Ho	spita	al		Wes	tmin	ster			C	arro	11
10e. STATE	10b. COUNTY			10c. CITY	, TOWN OF	R LOCA	TION						10d, INSIDE CITY
Maryland	Car	roll					Ham	oste	ad				LIMITS?
10e. STREET AND NUMBER						10	f. ZIP CODE	-			10g. CITI	ZEN OF V	WHAT COUNTRY?
1326 N. Mai	n Stre	eet						2107	4			USA	
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1							NC ORIGIN? (Sp		or No-	14. RACE	— American Indian, c, White, etc.
1 Never Married 2 1 1 3 Widowed 4 Divor	200	IF YES, GIVE W					2 NO			, •ια,		Speci	
15 DECE	DENT'S EDUC	ATION	1.	6a. DECEDENT'S	I PRIMI OC	CHERATE	011		Tan. was	D OF BUSI	<u> </u>		WILLCE
(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5 +		(Give kind of w life. Do NOT us	nrk done di	uring mo	ost of working	g	166, KINI	D OF BUSI	NESS/IND	USTRY	
8th grade	12)	Conege (1-4 or 5+	'	Pres	sser				Wel	bster	clo	othi	ng
17. FATHER'S NAME (First, Mic	idle, Lest)						18. MOTI	HER'S NA	ME (First, Middle				
David F. Wi	lhelm						Id	a N.	Hamps	hire			
19a. INFORMANT'S NAME (Ty	1110001								Route Number, C				
Janice Grah	am			405 (Gill	Ave	enue,	Ham	pstead	, Md.	. 210	074	
20a. METHOD OF DISPOSITION 1	3 🗆 Remo	ovel from State		LACE AND DATEO			ame of		DATE	20c. LOCA			
4 Donation 5 Dither (Specify)		We	ery, crematory or off esley Ce					3/8			-	Maryland
21, SIGNATURE OF FUNERAL		116	0.		22. N	AME A	ND ADDRES	SS OF FA	El.	ine E	une	ral 1	Home
> Africa W. Cline 934 S. Main Street, Hampstead, Md. 21074													
23. PART i. Enter the dis	eases, or c	omplications that List only one cau	caused t	he death. Do n	ot enter t	the mo	ode of dyl	ng, suci	n as cardiac	or respira	tory arr	est,	Approximate
IMMEDIATE CAUSE (Fina		List Only One Cau	Se on eac				. 0	-		Air	•		Interval Between Onset and Death
disease or condition resulting in death)	> .	2	Hous	e Wo	Voc	en.	201		Trfor	note	on		15 min
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Sequentially list condition		DUE TO	(OB AS A C	ONSEQUENCE OF									
		502 10	(OR AS A C	ONSEGUENCE OF	j.								
if any, leading to immediate cause. Enter UNDERLYING													
CAUSE (Disease or injury that initiated events DUE TO (QR AS A CONSEQUENCE OF):										_			
	y is a	DUE TO	(OR AS A C	ONSEQUENCE OF):					_			
that initiated events resulting in death) LAST		l									2011		
that initiated events		l				lerlyin	g cause ç	jiven in	Part I. 24e.	. WAS AN AI		24b.	WERE AUTOPSY FINDINGS AMULABLE PRIOR TO
that initiated events resulting in death) LAST		l				lerlyin	g cause (given in			ED?	24b.	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAST		l				lerlyin	g cause (given in		PERFORM	ED?	24b.	AMAJLABLE PRIOR TO COMPLETION OF CAUSE
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that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1	MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL EXAMINED PERSON WHO	HOSPITAL: Impatient 2 28e, DATE OF (Month, Do building, Dank of the best of at the best o	LETTOUTPHINJURY INJURY F INJURY my knowled tamination e	ent 3 DOA 28b. TIME INJU	OTHER 4 Nursi OF JRY M d at the tinn, in my op	26. Pl : ng Hom WC 1	LACE OF D. Be S Re BURY AT THE S Be end place, Beath occur 29c. LICE	EATH (Che edidence NO and due ed at the	28f. LOCATION City or Tow to the cause(e) time, date and	PERFORM YES 2.[6] OCITY) N (Street env., State) and manniplace, and	JURY Occ d Number er as stat due to th	or Rural F	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number, and menner ee stated, (Month, Dey, Year)
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that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 P 2 Accident 3 Suicide 8 C 4 Homicide 8 C 29c. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE OF THE CASE OF	MEDICAL MED	HOSPITAL: Impatient 2 28e, DATE OF (Month, Do building, Dank of the best of at the best o	LETTOUTPHINJURY INJURY F INJURY my knowled tamination e	ent 3 DOA 28b. TIME INJU	OTHER 4 Nursi OF JRY M d at the tinn, in my op	26. Pl : ng Hom WC 1	LACE OF D. Be S Re BURY AT THE S Be end place, Beath occur 29c. LICE	EATH (Che edidence NO and due ed at the	28f. LOCATION City or Tow to the cause(e) time, date and	PERFORM YES 2.[6] OCITY) N (Street env., State) and manniplace, and	JURY Occ d Number er as stat due to th	or Rural F	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number, and menner ee stated, (Month, Dey, Year)



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BALTIMORE, MARYLAND 21215-0020	un 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, nage 5 should be detached for use as the burial-transit permit page.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and complete

TO BE COMPLETED BY FUNERAL DIRECTOR

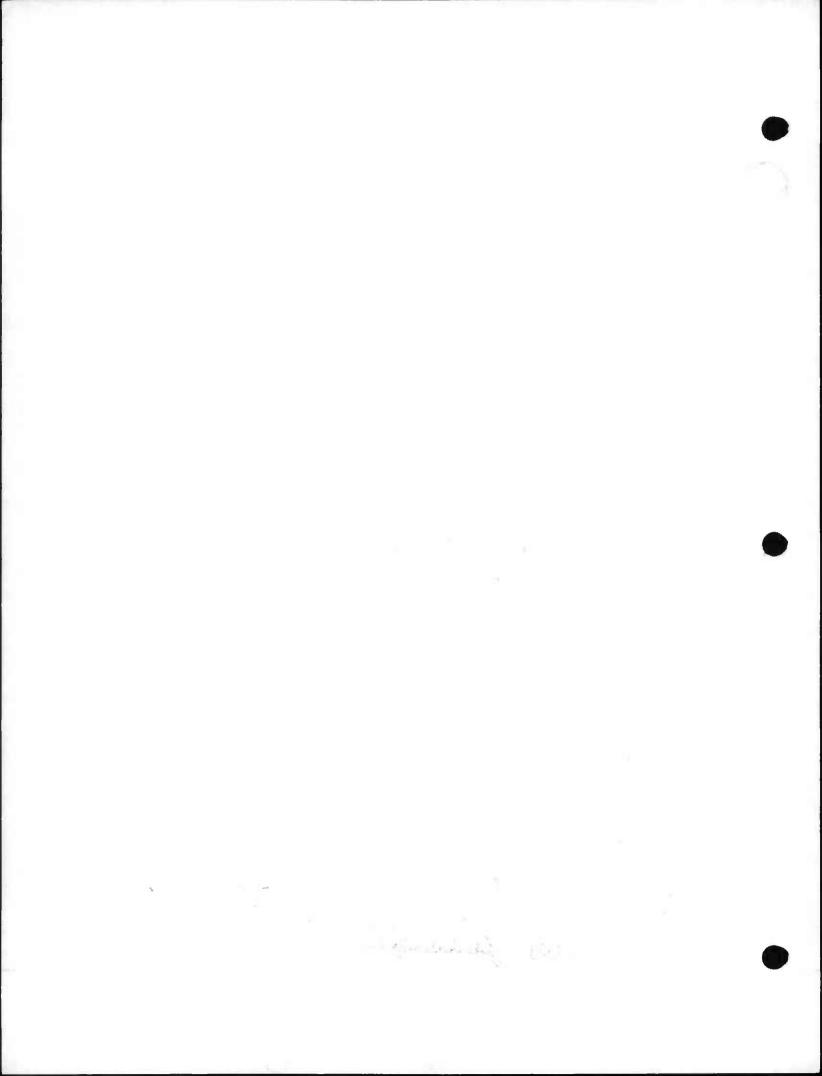
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

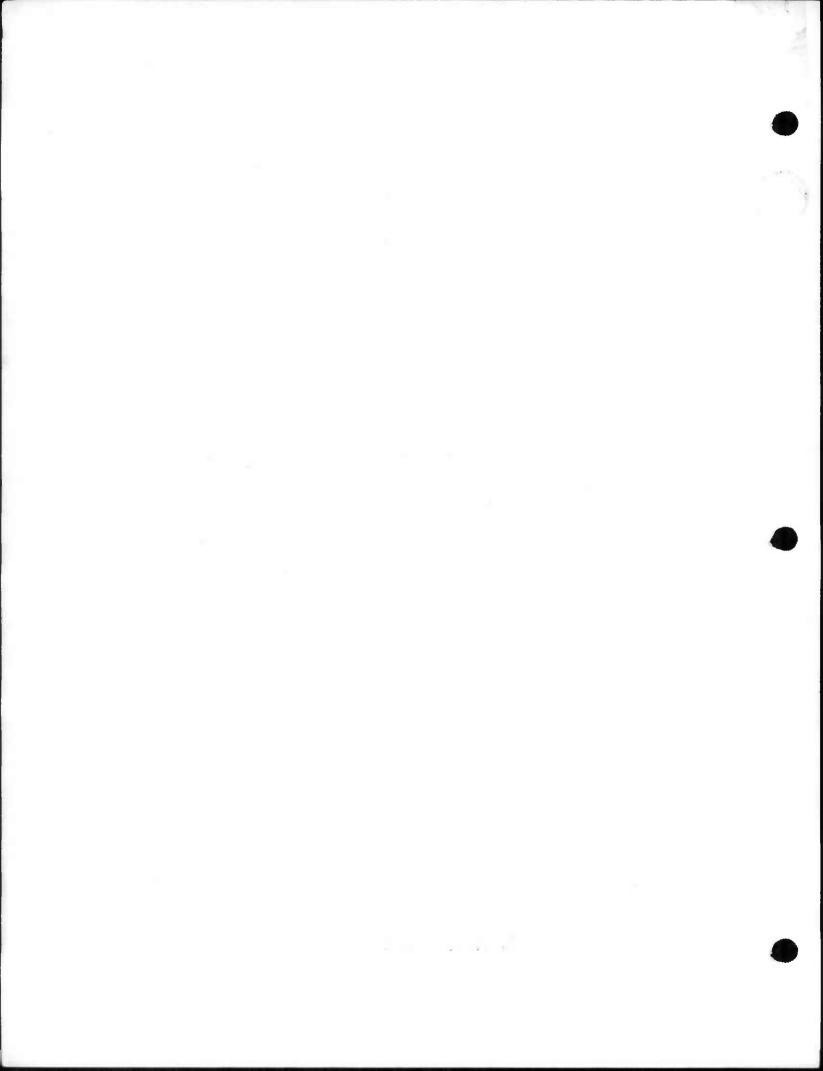
1 - STATE REGISTRAR			STATE OF N	IARYLAI	ND / DEPA CERTII					MENTA	L HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Las		T	REE	C F					MONT	OF DEATH	W.	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	BER		SEX	v	yrs. lest birthday,	JE UNE	DER 1 YEAR	IF UNDER	24 HRS	7 DATE	OF BIRTIN	8	931	LACE (State or Foreign
578-30-87	75	11	M 2 □ F		4 YRS.	MONTH		HOURS	MIN.	(Monti	n, Day, Year) 27-28		Country)	ash.,D.C.
Se. FACILITY NAME (If not in	nstitution, giv		4		PITAL		TY, TOWN		1		21 20		INTY OF DE	
SOUTHERN RESIDENCE OF DEC		ik y	LAND	HUD	PIIAC	0	LIN	TON	J			Pr	ince	George's
10a. STATE	10b. COU	NTY			10c. CI	TY, TOWI	N OR LOCA	TION						10d, INSIDE CITY
Md.		inc	e Geor	ge ts	3 (Clin	ton							1 YES 2 X NO
7600 Dor		ive					.10	r. zip cod 207	_			10g. CIT	USA	IAT COUNTRY?
11. MARITAL STATUS		_	. WAS DECEDEN			1	3. WAS DE	CENDENT (OF HISPAN	VIC ORIGIN	17 (Specify Yes	or No—	14. RACE	- American Indian,
1 Never Married 2 🔀 3 Widowed 4 Dive			FORCES? 1 IF YES, GIVE W					S 2 X NO			Rican, etc.)		Black, Specify	White, etc. White
15. DEC	EDENT'S E	DUCATION	DN minted	1	6a. DECEDENT	S USUAL	OCCUPATI	ON		16b	. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0	1		ollege (1-4 or 5+)	(Give kind of life. Do NOT	use retired	ne during me d.)	ost of world	ng	F	rince	e Ge	orge	's
1.2 17. FATHER'S NAME (First, M	tiolotto (aut)		4			\ud:	itor				County		hool	S
Fred E.			22								Middle, Maiden Barbe	,		
19a. INFORMANT'S NAME (21.		19b. MAILIN	G ADDRE	ESS (Street				ber, City or Tow		ip Code)	-
Regina Re						S	ame	as	10a	-10	f.			
20a. METHOD OF DISPOSIT 1 Departies 5 Constant	on 3 🗆 R	emoval	from State	20b, Pi cemete	ery, crematory or	other place	OSITION (N	ame of 2	-22-	- 93	E 20c. LO	CATION -	- City or Tow	n, Stele
A Donation 5 Other (Specify) Resurrection Cemetery Clinton, Md. 21. SIGNATURE OF FACILITY Lee Funeral Home, Inc.														
22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735														
23. PART I. Enter the d	iseases, c	or com	plications that	caused t	ha death. Do	not ent	er tha mo	ode of dy	ing, suc	h as can	dlac or respi	ratory a	rrest,	Approximate
IMMEDIATE CAUSE (Fir disease or condition resulting in death)		a	Myou	udia	I ory	fari	ten	v						Interval Between Onset and Death
			DUE TO	(OR AS A C	ONSEQUENCE	OF):	1/							
Sequentially list condit if any, leading to imme		b	DUE TO	OR AS A C	ONSEQUENCE	OF):	10000							-
cause. Enter UNDERLY CAUSE (Disease or Inju	ING	c												
that initiated events resulting in death) LAS	т		DUE TO	(OR AS A C	ONSEQUENCE	OF):								
DART II ON as also Miss		_ d												+
PART II. Other significa	ent condit	ions co	ontributing to	death but	not resulting	in the	underlyin	g cause	given In	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
										_	1 TYES 2	M NO		OF DEATH?
														1 TES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	Н	OSPITAL:			ОТН		LACE OF D	EATN (Ch	eck only or	76)			
1 TYES 2 NO NO 27. MANNER OF DEATH			Inpatient 2			4 🗆 N	lursing Hon		esidence		1-2-11			
1 🔀 Natural 5 🗌	Pending		28a. DATE OF (Month, Da		28b. Ti	ME OF JURY M	W	JURY AT DRK? YES 2	⊐ мо	28d. DE	SCRIBE NOW I	NJURY OC	CURED	
• 🗆 • • • • • • • • • • • • • • • • • •	Investigation Could not I		28e. PLACE O	F INJURY —	At home, farm,	street, f				28f. LOC	ATION (Street of or Town, State)	nd Numbe	or or Rural Ro	ute Number,
4 Homicide	determined				<u> </u>					City	or lown, state)			
			i: To the beat of n the besis of ex											and manner as stated.
29b. SIGNATURE AND THE	OF CERTIF	EIER	Lelloc	(/	ABDOLH		W N.	29c. LIC	ENSE NUI	MBER 7		29d. DA	TE SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF	F PERSON	WNO CO	OMPLETED CAUS	2040	N (ITEM 27) (Tyr			76	up	le,	Hells	M	9	
31. DATE FILED (Month, Day,	2 5	199	32. REGISTRA	R'S SIGNAT	Adon-19	ndall	2		1					

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1	/	2	呈	HOSPITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: TI	DING	PHYSICIAN
1		2	THE	FUNERAL	TO THE FUNERAL DIRECTOR: After this certificate	After	this certific
)	•	he	filed	within 72	hours after (death	with the S

	REGISTRAR		CER	ITIFICAT	E OF	DEATH		REG. NO.		
ļ	1. DECEDENT'S NAME (First, Middle, LEST)	ed St	anlev L.	Reed.	Sr.		N N	DATE OF DEATH		3. TIME OF DEATH S. 05 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bit	thday) IF UND	ER 1 YEAR	IF UNDER 24 HRS		ATE OF BIRTH Month, Day, Year)		IRTHPLACE (State or Foreign
	224-16-6075	₩XM 2 □ F	78	YRS. MONTHS		HOURS MIN.	No	v. 7. 19		shington, DC
E .	9a. FACILITY NAME (If not institution, give s		Handani			OR LOCATION OF	DEATH			
	Greater Laurel Be	ILESVILLE	Hospital	La	urel				Prince	George's
DIRECTOR	10a. STATE 10b. COUNT	Y	1	OC. CITY, TOWN	OR LOCA	TION				10d. INSIDE CITY LIMITS?
	Maryland Princ	e George	s	Brent	boow					1 YES 2 NO
AL	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3814 Allison Stre	et				20722				States
5	11. MARITAL STATUS		TEVER IN U.S. ARME	D 1:		CENDENT OF HISI pecify Cuban, Mex		RIGIN? (Specify Yes arto Rican, etc.)		RACE — American Indien, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYE	S 2 NO Spe	ectly:			SpecHy:White
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEI (Give	DENT'S USUAL kind of work don NOT use retired	OCCUPATI e during m	ON ost of working		16b. KIND OF BUS	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	Plum		.)			Plumbe	r	
S	17. FATHER'S NAME (First, Middle, Last)		I P.Liim	ner		16. MOTHER'S	NAME (First, Middle, Maiden		
Ö	Butler H. Reed					Pauli	ino	T.ee		
00	19a. INFORMANT'S NAME (Type/Print)		19b. A	AILING ADDRE	SS (Street			Number, City or Town		(e)
일	Mary E. Reed		38	1/ ₄	icon	Stroot	72	ontriond	Marril	and 20722
	20a. METHOD OF DISPOSITION		20b. PLACE OF	DISPOSITION (metery, crematory			CATION — City	
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	noval from Stata	Fort L	incoln	Ceme	etery		Bre	ntwood	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	//	2	2. NAME A	ND ADDRESS OF	FACILIT	FOTT LIK	0/A 5. 1	N 2077
	· /	1/60%	6		340	Skots	Best 1	vis Rd.	Bieni	was No
\Box	23. PART i. Enter the diseases, or shock, or heart failure.			n. Do not ent	er the m	ode of dying, a	such es	cerdiac or respi	ratory errest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	A		41012		MNE	VA	Arnor		Onset and Death
	reaulting in death)	DUE TO	(OR AS A CONSEQUE						Λο.	
N O	Sequentially list conditions,	D	OR AS A CONSEQUE		TTR	v c7 1	NE	Puen	OHRY	AREN E
TA	if any, leading to immediate cause. Enter UNDERLYING	502.10	(on no n oonocao							İ
[윤]	CAUSE (Disease or injury thet initieted events	DUE TO	(OR AS A CONSEQUE	ENCE OF):						
CERTIFICATION	resulting in death) LAST	d								
	PART ii. Other algnificant condition	na contributing to	death but not res	uiting in the	underlyid	ng cause given	in Pari	i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL	61410	ROLL	106	00	RAL	Anck		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1		INEM		1,4,-			1 1 123 2	X	OF DEATH?
Σ	1	RAPRI	1	807	d A	21012		·		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	TINE	- 41	7 4 7	26.1	PLACE OF DEATH	(Check c	only one)		
S	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3 ☐	DOA 4 1		me 5 🗆 Residen	nce 8 🗆	Other (Specify)		
Ŧ	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIME OF	28c. IN	JURY AT		d. DESCRIBE HOW I	NJURY OCCUR	ED
ВУР	Netural 5 Pending Investigation	(Moran, E	vay, row)	M		YES 2 NO				
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At home etc. (Specify)	, form, street, I	actory, off	ice	28	LOCATION (Street City or Town, State)		Rural Route Number,
COMPLETED	4 Homicide determined		(optony)					ony or roung energy		
IPL.	CHECK OTHY	SICIAN: To the best of	my knowledge, deati	occurred at th	e time, da	le and place, and	due to t	he cause(a) and ma	nner as stated.	
S S	one) 2 MEDICAL EXAMIN	IER: On the basis of a	xamination and/or inv	estigation, in m	ry opinion,	death occured at	the time	, date and place, ar	nd due to the ce	suse(a) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFI	ER				29c LICENSE	NUMBE	R	29d. DATE S	GNED (Month, Day, Year)
TO B	Vhaloke	-				1 1 10	19	11	P 2	16 173
F	30, NAME AND ADDRESS OF PERSON W	AR MA	SE OF DEATH (ITEM:	(Type, Print)	RR.	occ A	19 mg of	7 Aku 1	mA PA	21 MA10919
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE		1-1-			MED	17.	111
	1 0 0 400	2 / 1.4:	Deviden A	andall-						
	FEB 2 3 199	3 900	TOTAL PROPERTY.							DHMH-18 Rev 1/8



BALTIMORE, MARYLAND 21215-0020

FOR 1 STATE

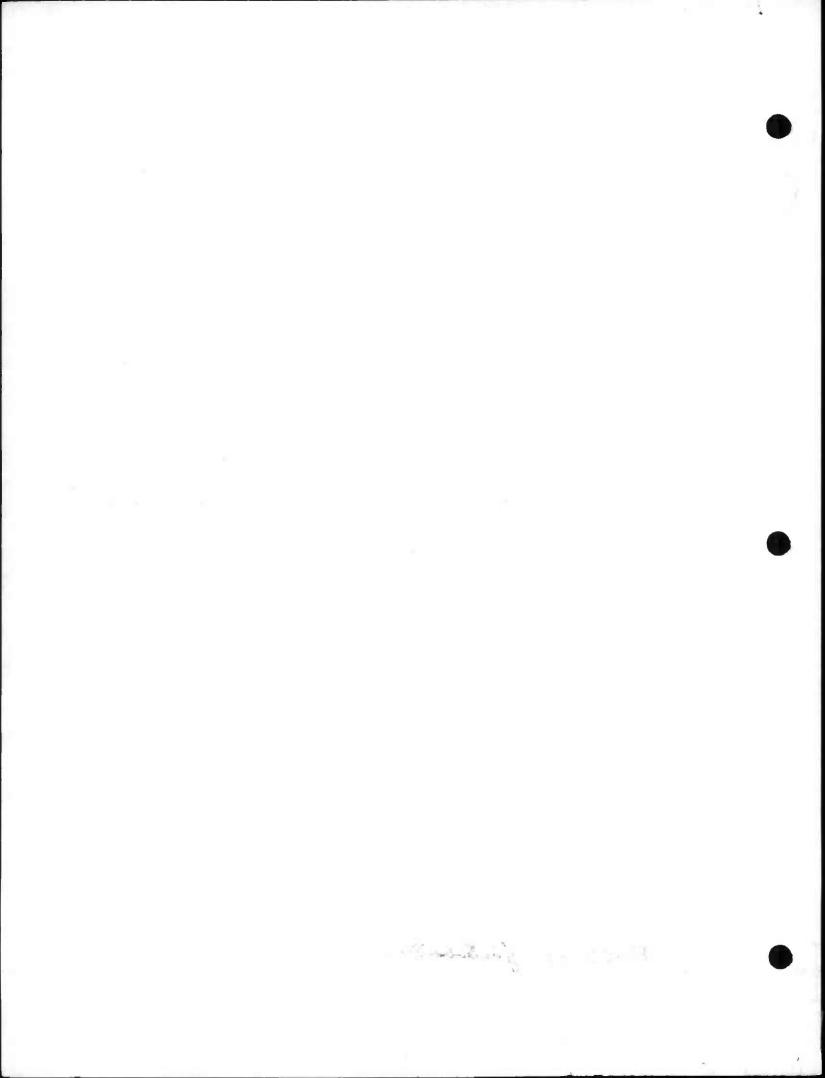
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTII	FICATE OF	DEATH	REG. NO	•	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	JOSEPH			RIC	KS	02 05	93°	6:10 Am
	4. SOCIAL SECURITY HUMBER Unknown	5. SEX 6. AGE 00000 2 □ F 53	(In yes, last bemoky) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIR	THPLACE (State or Foreign
1 1	Se. FACILITY NAME (If not institution, give :	street and number)	2 5000	9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	
DIRECTOR	POTOMAC VALLE		HOME	ROCKV	373.00		MONTGO	
HE(10s. STATE 10b. COUNT			TY, TOWH OR LOCA				10d. INSIDE CITY
		gomery	Si	lver Spr	ing			1 TES 2 NO
FUNERAL	1172 Goodhope Dri	Lve			1. ZIP CODE 20904		10g. CITIZEN OF Liberi	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Separated 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCEST 1 YES IF YES, GIVE WAR OR O	2 NO	13. WAS DE If yes, s 1 YE	CENOENT OF HISPA pecify Cuban, Maxico S 2 NO Specific	NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) fy:	Ble	CE — American Indian, ick, White, alc.
	15. DECEDENT'S EDU	CATION	16a DECEDENT	S USUAL OCCUPATI	ON	10h KIND OF BUIL	SINESS/INDUSTRY	
ETE	(Specify only highest grade Elementary/Secondary (0-12)	Catlege (1-4 or 5+)	(Give kind of life, Do NOT	work done during muse retired.)	ost of working	166. KIND OF BU	SINESS/INDUSTRY	
IP.		4 years	Farmer			Private	e Indust	ry
00	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meiden	Sumame)	
BE COMPLETED	John Ricks				Floren	ce Dennis		
5	Roberta Fawez		196. MAILIN 1600	G ADORESS (Street Mountai	and Number or Rural Laure	Route Number, City or Tow 1 Place, Re	n, State, Zip Code) Eston, V	a. 22091
	20s. METHOD OF DISPOSITION CODurist 2 Greenation 3 Green 4 Openation 5/ Other (Specific			of disposition (N			cation - city or Landove	Town, State r, Maryland
	A. SIGNATURE OF FUNERAL SERVICE LIC		-			VCILITY Johnson		
	· hulp	1.8		716 K	ennedy S	treet, N.	W., D.	C. 20011
	23 PATA I. Enter the diseases, or shock, or heart fellure.	complications that ceused List only one cause on e	d the deeth. Do	not enter the me	ode of dylng, euc	th ss cerdlec or reepl	ratory errest,	Approximate
	IMMEDIATE CAUSE (Final	A /	f 5.	d	٨	, ()	Interval Between Onset and Deeth
	diseese or condition reaulting in death)	. Mercos	-lansti	¿ Cerr	liDuga	Men k	Beas	2
_		DUE TO (OR AS A	CONSEQUENCE (OF):				
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate	OUE TO (OR AS A	CONSEQUENCE	OF):				
S	CAUSE (Disease or Injury	c						
	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	OF):				
E		d						
A	PART II. Other significant condition	e contributing to death b	ut not resulting	in the underlyin	g cauee given in	Part I. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	AMYOTROPHIC LATERAL	SCLEROSIS				1 YES 2		COMPLETION OF CAUSE OF DEATH?
M						_ / \		A YES 2 NO
ÿ								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (Ch	eck only one)		
ΙΥS	1 X YES 2 NO	1 Inpetient 2 ER/Outp		4 A Nursing Hon		6 Other (Specify)		
4	Netural 5 Pending	(Month, Day, Year)	28b. TII	JURY WO	ORK?	28d. OEŞCRIBE HOW II	NJURY OCCUREO	
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home Jarm		YES 2 NO	201 LOCATION (Compt.		
COMPLETED	3 Suicide 6 Could not be detarmined	building, etc. (Spec	effy)	street, ractory, orne		281. LOCATION (Street a City or Town, State)	ind Number or Hurai	Houte Number,
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occur	red at the time, date	and place, and dua	To the cause(e) and man	ner as atated.	
8		R: On the besis of examination						(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	3 3			29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)
O BE	Wonald &	Wright A	10		O.C.M	.E.	▶02/06	
유	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type	e, Print)				
	DONALD G. WRIGH		111 Per	nn Stre	et, Bal	timore, 1	Marylar	nd 21201
	FEB 2 3 199	32. REGISTRAR'S SIGN.	ATURE Rind	ese.				

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the functal director, page 5 should be detached for use as the burnal-branst permit. Page be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinor must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

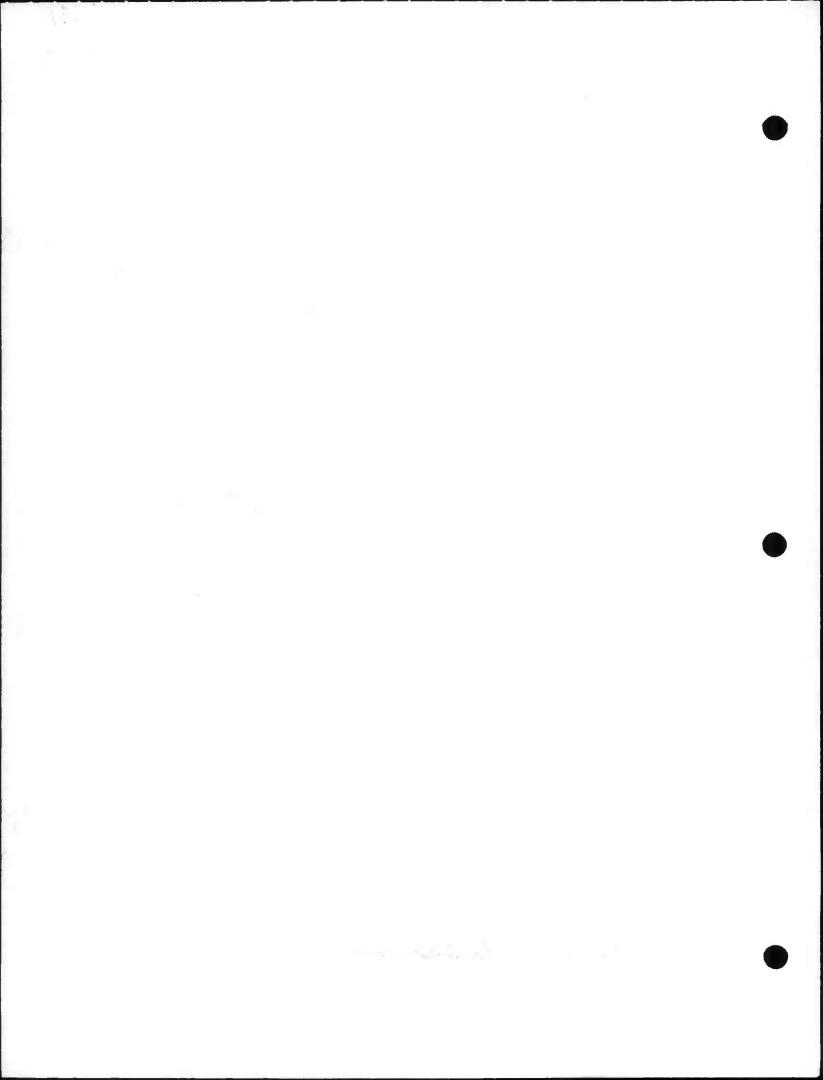
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Las	n				2. DATE OF DEATH		3. TIME OF DEATH
David I. Ry	an				Feb. 20	1993 YEAR	12:20 AM w
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, BIF	ATHPLACE (State or Foreign
179 12 9252	1 🔀 M 2 🗆 F	69 YRS. MG	ONTHS DAYS	HOURS MIN.	Aug. 15	1022	ennsvlvania
9a. FACILITY NAME (If not institution, give		- 91	b. CITY, TOWN O	R LOCATION OF OE	ATH	9c. COUNTY OF	
6604 Facchina L	ane		Glenn	Dale		Princ	e George's
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY	10c CITY X	OWN OR LOCAT	ION			
	ce George's	1.11					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	ce deorge s		enn Dal	ZIP CODE		10- CITIZEN O	1 TYES 2 NO
6604 Facchina L	ane			20769			d States
11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED			IC ORIGIN? (Specify Yea		ACE — American Indian,
1 Never Married 2 XMarried	FORCES? 1 YES		If yes, spe	city Cuban, Mexicar	n, Puerto Rican, etc.)	BI	eck, White, etc.
3 Widowed 4 Divorced		No		- ET (10 Obcom)	No	"	White
15. DECEDENT'S ED (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION done during mos	N it of working	16b. KINO OF BUS	INESS/INOUSTRY	′
Elementary/Secondary (0-12)	College (1-4 or 5+)						
45 54515516 11115 (5)	5+	Edito	or			overnme	nt
17. FATHER'S NAME (First, Middle, Last)	Unarradia hila				ME (First, Middle, Maiden	Sumame)	
19e. INFORMANT'S NAME (Type/Print)	Unavailable	Lanca de la constante de la co			ailable		
Kathleen L. Rya	n				oute Number, City or Town Glenn Dale		and 20769
20a, METHOD OF DISPOSITION		. PLACE AND DATE OF C					
K∑Surial 2 ☐ Cremetion 3 ☐ Ra 4 ☐ Donation 5 ☐ Other (Specify)	movet from State COI	netery, crematory or other	placel			CATION City or	The state of the s
21. SIGNATURE OF FUNERAL SERVICE		Ascension		D ADDRESS OF FAC		ie Mary	Tand
Robert E	F 181	Pa.			Funeral Ho	-	
22 PART I Saturda di	Cuno	rus.	1600	0 Annapo	lis Rd. Bo	wie Md.	20715
23. PART I. Entar the diseases, or shock, or haert failure	i. List only one ceuse on e	ach ilne.	entar tha mod	de of dying, such	n as cardiac or respi	ratory arrest,	Approximate Interval Batween
IMMEDIATE CAUSE (Final disease or condition	LA-	1	P	Gnin			Onset and Death
resulting in daath)	a. DIE TO COR AS	CONSEQUENCE OF:	Will	1 avela	alva		3 Merty
	DOE TO (OH AS	CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS	CONSEQUENCE OF):					
cause. Enter UNDERLYING	6						j
CAUSE (Disease or injury that initiated events	OUE TO (OR AS	CONSEQUENCE OF):					
resulting in death) LAST	d						
PART II. Other significant condition	ons contributing to death t	ut not resulting in t	he underlying	cause given in I	Part i. 24a. WAS AN	AUTOBEV 2	4b. WERE AUTOPSY FINDINGS
		The state of the s	are unduring	cado given in i	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
					1 YES 2	₽1 10	OF DEATH?
							1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T .		28 PI	ACE OF OEATH (Che	ok only one)		
EXAMINER?	HOSPITAL:		THER:				
27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME O	F 28c. INJL	7 S Residence I	28d. DESCRIBE HOW IP	JURY OCCURED	
1 Netural 5 Pending	(Month, Day, Year)	INJURY	/ WO!	RK7 ES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, term, stree	et, factory, office		281. LOCATION (Street a	nd Number or Rure	al Route Number,
4 Homicide determined	building, etc. (Spe	z(γ)			City or Town, State)		
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	ledge, death occurred a	t the time date	and place, and due t	to the cause(s) and man	not so eleted	
	NER: On the beals of examination						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI		N-7222		29c. LICENSE NUM			
	e M	1		nage	229	> 7 > 1	EO (Month, Day, Year)
30. NAME AND ADDRÉSS OF PERSON W	HO COMPLETEO CAUSE OF OR	ATH (ITEM 27) (Type, Pri	nt) fr	1 01	· /	4 1-	2,0
11101 The	Mana do	907		toul be	15 ou, 7	2,00	10)
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	eviden-Rand	202				
FEB 2 41	AAR COMM	COLUMN TO SELECT	-55				



		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF I	HEALTH AND	MENTAL HYGI		0 1	
		1. DECEDENT'S NAME (First, Middle, Last) JESSIE	MCCOY		ROULI	HAC	2. DATE OF DEATH	DAY	YEAR	• 42 P
pir		4. SOCIAL SECURITY NUMBER 238–82–0643	M 2 □ F 45	YRS.	UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	0 1		CE (State or Foreign
, 2, 3 sho	TOR	PRINCE GEORGES RESIDENCE OF DECEMENT			CHEVE	OR LOCATION OF E	PEATH		CE G	H EORGES
mit. Pages 1, 2, 3 should	DIRECTOR	10e. STATE 10b. COUNT	Y		DWN OR LOCA	TION				1. INSIDE CITY LIMITS?
	INEWA	2015 Ramble Wood Rd.			10	t. ZIP CODE			U.S.A.	COUNTRY?
21215-0020	Na B	11. MARITAL STATUS LANGE Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2/WNO	It yee, as	CENDENT OF HISPA Decity Cuben, Mexic 3 2 NO Speci	NIC ORIGIN? (Specify en, Puerto Ricen, etc.) fy:	Yea or No — 1	4. RACE — / Black, Wh Specify: Black	
	PLÉTED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of work life. Do NOT use re Construction	done during me tired.)	ost of working	166. KIND OF	BUSINESS/INDU	STRY	
MARYLAND Stratage of the hospital Strougly be detached to notified at once.	Ш	17. FATHER'S NAME (First, Middle, Last) JESSE ROUTHAC				16. MOTHER'S N	AME (First, Middle, Meil Watson			
. 2 8 0	TO B	190. INFORMANT'S NAME (Type/Print) Cathryne Lloyd 200. METHOD OF DISPOSITION		Rt.1 Box	22 Cof	ield, N.C.				
e 6 m ector,		20e. METHOD OF DISPOSITION 1 Striel 2 Cremation 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State cert	PLACE AND DATE OF DELICATION OF THE POPULATION O	List Cen		-2 - 93 Ca	ofield, N		
BALTIN ther death. Pag the funeral dir oval.		·WABRE	DIV		Bacon E	uneral Hon	ne 3447 14th			ington,D.C.
24 hours filled in the		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. A Huos	ach lina.			ch as cardlec or re			Approximate interval Between Onset end Death
P.O. BOX 68 th certificate be executed physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	с	A CONSEQUENCE OF):						
RECORD; requires that the seen signed by the of Health and M shows any inju	MEDICAL	PART II. Other eignificent condition	e contributing to deeth b	out not resulting in t	he underlyin	g ceuee given in	PERI	AN AUTOPSY FORMED? S 2 \(\sum \) NO	CON DF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH? ("YES 2 NO
N e 8 a N	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1)(C) YES 2 NO	HOSPITAL: 1 □ Inpatient 2 X ER/Outp		THER:	LACE OF DEATH (C/	8 Other (Specify)			
OF PHYSIC this cer with th	ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	28c, IN.	URY AT DAK? YES 2 ND	28d. DESCRIBE HO	W INJURY OCCU	RED	
	유	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, factory, offic	•	28t. LOCATION (Stre City or Town, St	et end Number or ate)	Rural Route	Number,
_ A A S =	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the bests of examination	ledge, death occurred a n end/or investigation, is	t the time, date n my opinion, d	end place, end due leath occured at the	to the ceuse(e) and i	manner se stated	ceuse(e) end	menner ee stated,
TO THE HOSPII TO THE FUNER be filed within IMPORTANT:	TO BE	28b. SIGNATURE AND TITLE GE CERTIFICA	m			O.C.M			25 - 19	orth, Day, Year)
	F	A. NAME AND ADDRESS OF PERSON WH		111 Penn			ltimore,		-	21201
		31. BATE FILMMAR. 01. 6" 199	32. REGISTRARY BIGH	Son-Randell						

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31. DATE FILED (Month, Day, Year)

MAR 0 4 1993

After t

FUNERAL I MPORTANT: IL

포프 28

DIRECTOR: A hours after d

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 02/24/93 YEAR Gladys Riley 6:40a 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 05/07/08 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 262-21-7158 DAYS HOURS 1 M 2 F 84 England YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 1158 Little Magothy View Annapolis Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel 1 YES 2 NO 101. ZIP CODE 21012 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 620 Campus Green Drive 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 ND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Bleck, White, alc. I Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NONO White 3 Widowed 4 Divorced Specify. COMPLETED 15. DECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Teacher School 17. FATHER'S NAME (First, Middle, Last) t8. MOTHER'S NAME (First, Middle, Maiden Sumame) Unknown Halton BE Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Susan J. Steel 1158 Little Magothy ViewAnnapolis 21401 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donellon 5 Other (Specify) Metro Crematory 2-25 -9 Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park MD 21146 /23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta shock, or heart failure. List only one cause on each line intarvai Batween **IMMEDIATE CAUSE (Fine) Onset and Death** diseese or condition resulting in death) DUE TO DR AS A CONSEQUENCE OF CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE DEL if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO DF OEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 ParResidence 8 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 27) MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME DF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation BY I YES 2 ND 2 Accident 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide CERTIFIER 1 SC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated 200 SIGNATURE AND TITLE OF CERTIFIER BE 29g LICENSE NUMBER (29d DATE SIGNED (Month Day, Year, 2 MPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) 30 NAME AND Avenue 2140 Annapo

PARTITION OF REP 1 DAY

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es 1, 2, 3 should

STATE	OF MARYLAND / DEPARTMENT		MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND DEATH	MENT	AL HYGIEN		, ,	7 10 7
	1. DECEDENT'S NAME (First, Middle, Last)	AMOR J.	ROHDZ			MON	E OF DEATH		EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212=18-2672	S. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF MONTHS DAYS HOURS MIN. (Month, I					E OF BIRTH rith, Day, Year)	0.	BIRTHPL/	NCE (State or Foreign yland
FOR	9a. FACILITY NAME (If not institution, give s Baltimore Count RESIDENCE OF DECEDENT				R LOCATION OF D	EATH		9c. COUNTY	S.A	
DIRECTOR	10a. STATE 10b. COUNTY	imore	10c. CITY, 1	Reiste	erstown			10d. INSI		
FUNERAL	100. STREET AND NUMBER 150 Chestnut	Hill Lane,	West	10f	ZIP CODE 2113	6				T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spi	ENDENT OF HISPA city Cuban, Mexic 2 NO Speci	an, Puerto	IN? (Specify Yes Rican, etc.)	or No 14	RACE Black, W Specify:	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo etired.)	N st of working	16	See	siness/indus	TRY	
OM	12. FATHER'S NAME (First, Middle, Last)	2	Bookk	eeper	18. MOTHER'S NA	MF (First				
BE C	George Bland	Jacobs					Brandt	Surrieme)		
10	19a. INFORMANT'S NAME (Type/Print) Stanley L. Coc		196. MAILING AD 145 Ch	estnut	nd Number or Rurel Hill La	Aoute Nur	west R	n, Stete, Zip Co	oo) stowi	n, Md.21136
	20s. METHOD OF DISPOSITION U Burlel 2 Cremation 3 Remote the Donation 5 Other (Specify)	oval from State cem-	PLACE AND DATE OF Control of Cont	plece) Ley Mem	me of . Garde:	ns O	TE 20c. LO	CATION - CH	or Town,	Stata Md .
	21. SIGNATURE OF FUNEBAL SERVICE LIC	houdt		Eckha	rdt Fun	eral	Chapel	L		21117
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that caused List only one cause on as	the death. Do not	antar tha mo	ia of dying, suc	ch aa ca	rdiac or reap	ratory arreal	,	Approximate interval Between
	Interval Data							Onset and Death		
NOI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or trijury that initiated events resulting in death) LAST	PER	JAL F	AIL	JRE					
	PART II. Other algorificant condition	a contributing to death by	et not requising in a	ha underlules		D. d.	<u> </u>			
PHYSICIAN: MEDICAL		- Commission of Contract	at not readiling in t	ne underlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AVA COI OF	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ä									1	YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF OEATH (Ch	eck only o	ne)			
HYS	1 YES 2 NO 27. MANNER OF BEATH	1 Inpatient 2 ER/Output 28s. DATE OF INJURY		☐ Nursing Home	5 Residence					
β	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 28a. PLACE OF INJURY	INJUR	M 1 Y			SCRIBE HOW I			
TED	4 Homicide 8 Could not be	building, atc. (Speci	fy)	n, ractory, ornice		Zer. LON	CATION (Street a or Town, State)	ind Number or I	Hurai Floute	Number,
3 Suicide 8 Could not be determined 291. LOCATION (Street and Number or Rural Route No. City or Town, State) 292. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the belief of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.							d manner as stated.			
296. SIGNATURE AND TITLE OF GENTIPHER 29d. DATE SIGN										
2	30. NAME AND ADDRESS OF PERSON WHO	DEPESTRE	BA	TIMOR	E COVI	NTY	GENE	FRAL	H	OS PITAL
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE BANGLE			1				

DOSTA NO

Note that the second of the

Mary Springer Control of the Control

BALTIMORE, MARYLAND 21203-3146	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transport and Marcel Hunisea prior to burial community or removal
BAI	A nours after dea	filled in by the fu
13146,	executed within 2	and completely
BOX	tificate be	g physician
P.0	death cer	attending
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur-
VITAL	ICIAN: The It	ertificate has
N OF	G PHYS	er this c
DIVISION	L OR ATTENDIN	DIRECTOR: Aft

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24mours after death. Page 6 may be retained by the hospital or attending physician or 0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-th be filed within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It them 28 is marked, or lifem 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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	1 - STATE REGISTRAR	CE	RTIF	CATE C	F DEATH	RE	G. NO.		
1	1. DECEOENT'S NAME (First, Middle, Last)	١. ()			2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	Herahan Ma	tha !	-	JO2		3	2	93	3 44 M M
		AGE (In yrs. last		MONTHS DAY		7. DATE OF BIF (Month, Day,	Year)	Countr	
	578-09-4505 1X M 2 🗆 F	73	YRS.			10-03-			nington,DC
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOV	WN OR LOCATION OF DE	EATH		c. COUNTY OF O	EATH
5	Route 1 Box 319 Marbury, MI	20658	3	Mar	bury		C	CHARLES	
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
Ξ	Maryland Charles			larbury					LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER			1	10f. ZIP CODE		10	09. CITIZEN OF V	
¥	Route #1 Box 319				20658		- 1"	USA	
	11. MARITAL STATUS 12. WAS DECEDENT ET	FR IN U.S. ARI	MEO	13 WAS	DECENDENT OF HISPAN	NIC ORIGIN? (Spe	cify Yes or		— American Indian,
	1 Never Merried Married FORCES? 1 IF YES, GIVE WAR	YES 2XXN		If yes	, specify Cuban, Mexico	n, Puerlo Rican,		Black	k, White, etc.
à	3 Widowed 4 Divorced	UN DATES		'"	YES 2 NO Specifi	γ.		Speci	#White
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			USUAL OCCUP	ATION g most of working	16b, KINO	OF BUSINE	ESS/INDUSTRY	
'n	Elementary/Secondary (0-12) College (1-4 or 5+)	ille.	Do NOT us	e retired.)	, most or working				
Ę	9 years	Med	chani	.c (Bus	3)	Dom	estic	: Trans	portation
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Sun	name)	
ш	William Raynor				Emma F	orrest			
2	19e. INFORMANT'S NAME (Type/Print)	100			eet end Number or Rural			itate, Zip Code)	
	Evelyn L. Raynor	Rt	: 1 E	30x 319	Marbury,				
	20a, METHOD OF DISPOSITION 1X Pariel 2 Cremation 3 Removat from State	other pla	9C8)		f cemetery, crematory or			ION — City or To	
	4 Donation 5 Other (Specify)	Trin	ity N		al Gardens		Waldo	orf, MD	20601
	21. SIGNATURE OF FEMERAL BERVICE LICENSIEE MOC	173		22. NAM	E AND ADDRESS OF FA	CILITY			
	* Start Chemin			J.H	H. Eberwei:	n Mortu	ary I	La Plata	a, MD 20646
23. PAPT I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heer failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) But to (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):					Approximate interval Between Onset and Desth				
5	CAUSE (Disease or injury that initiated events	AS A CONSEC	DUENCE O	F):					
2	resulting in death) LAST								
3	DADT II Other classificant conditions contribution to do	eth hut not a		in the reader	hisa sausa siyas la	Dom I at-	UMO AN AIT	TORCY ALL	MEDE ALTODOV ENIONIOS
CAL	PART II. Other significant conditions contributing to de	ath but not r	esulting	in the under	rying ceuse given in		WAS AN AUT	D?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
5 I						1	YES 2	NO	DF OEATH?
M						—			1 YES 2 NO
A	25. WAS CASE REFERREO TO MEDICAL			2	6. PLACE OF OEATH (C)	back only one)			
5	EXAMINER? HOSPITAL:	t/Outpatient 19	M	OTHER:	A MARLE.		nih d		
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF IN.	URY	28b. Til	E OF 28c	INJURY AT	2ad, DEŞCRIBI		JRY OCCURED	
	1 Natural 5 Pending (Month, Day,	(bar)	IN.	JURY M 1	WORK?				
. BY	2 Accident Investigation 3 Suicide a Could not be	JURY — At he	me, farm,	street, factory,	office			Number or Rural	Route Number,
	4 Homicide determined building, etc	(эреспу)				City or Tow	n, State)		
۳	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, de	ath accum	ed at the time	date and place, and du	to the cause(s)	and menne	r en atated	
COMPLETED	(Check only one) MEDICAL EXAMINER: On the besis of exam								s) end manner as stated.
	29b, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				D (Month, Day, Year)
<u>п</u>	HANTE MAN Charles Co.	Denila	ME		בל בת	26	1	▶ 3/>	laz
2	30. NAME D AODRESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITE	M 27) (Type	, Print) .	100,0	10		13	-17
	Hote PO Rex 1647	vale	cf.		20804				
	31. DATE FILEO (Month, Day, Year) MAR (U.S. 93 32. REGISTRAR'S	SIGNATURE	'n	Lie		·			
	1441 0 00 1		-						

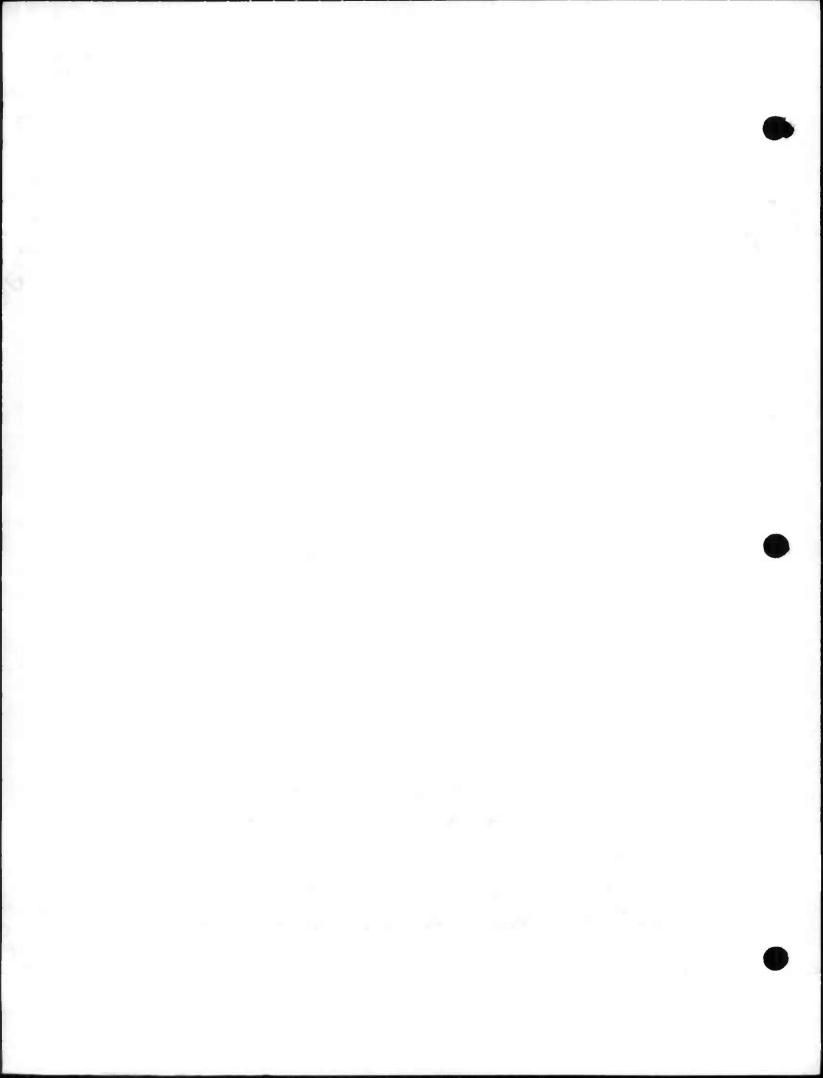
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may	r. pa	St
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Pe	al di	ner
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01	Filled	E 3
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hos	omple or or o	even
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ate b	ysich	ta ta
rtific	d Dr	othe
93	andire Land	0
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HOSE	UNE	AN
포	W 1	E
	天 :	e 0
101	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be ned writin 72 nous aret death will be state belt, for regul and mental regions to const. Ceremonous, or conferences. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR				CEH	CHILL	AIEC	IF DE	AIH		REG. NO.				
	1. DECEDENT'S NAME (First, M	liddle, Last)									ATE OF DEATH	Y	YEAR	3. TIME OF D	EATH
ĺ	Ernest Irving					5	Stone						2:05 A	м.	
I	4. SOCIAL SECURITY NUMBER	3	5. SEX	6. AGE (#	n yrs. last bir	rthday) IF	UNDER 1 YE	AR IF UN	DER 24 HRS.	7. DA	TE OF BIRTH			LACE (State o	
ļ	093-01-262	7	1 🔀 🔀 2 🗌 F	7	8	YRS.	NTHS DAY	YS HOUR	RS MIN.	0'-	onth, Day, Year) -23-191	4		ark,	NJ
	9e. FACILITY NAME (If not insti		reet and number)			9b	9b. CITY, TOWN OR LOCATION OF DEA					9c. COUNT			
ا ء				± _ 1											
מטוסשעות	Physicians M		ar nospi	Lal			LaPlata					Una	arle:	S	
ا نِ		Ob. COUNTY	,		-1	loc. CITY, TO	CITY, TOWN OR LOCATION							10d. INSIDE C	YTK
	Maryland	aryland Charles				Ma	arbu	ry						LIMITS?	EX _{NO}
	Do. STREET AND NUMBER						101. ZIP C	ODE			10a, CITIZ		HAT COUNTRY		
LONELAN	P. O. Box	285 1	Ricknel	1 RC	had				206	5.8			US		
4		203 1													
2	11. MARITAL STATUS 1 Never Merried 2	arriad	12. WAS DECEDEN FORCES? 1	YES	2 NO	D					IGIN? (Specify Yee rto Ricen, atc.)	or No-	Bleck,	— American White, etc.	Indian,
	3 Widowed 4 Divorc		Feb.	AR OR DA	Jan.	46	1 🗆	YES ZEX	NO Specify	y:			Specify	ite	
				4 T			I			-		1		1100	
	15. DECEI (Specify only i	DENT'S EDUC sighest grade	completed)		(Give	DENT'S USL kind of work NOT use re	done during	PATION g most of w	orking	- 1	18b. KIND OF BUS	INESS/INDU	JSTRY		
	Elementary/Secondary (0-1	2)	College (1-4 or 5	+)		COUL					Accou	ntir	na		
	1 4		4		AC	Coul	icall	_			110000	411-41.	-9		
	17. FATHER'S NAME (First, Mide	die, Last)									st, Middle, Malden				
	Samuel Ste	inbe	rg					G	Gertr	ude	e Meyer	S			
	19e. INFORMANT'S NAME (Typ				19b. N	AILING AD	DRESS (Str	_			lumber, City or Town		Code)		
	Berniece W		one								ell Rd.			rv. N	MD 20
			2116	1						(
	20e. METHOD OF DISPOSITIO	3 🗆 Rem	oval from State	20b.	other place	DISPOSITIO	UN (Name o	cernetery,	crematory or		3-8 Cli	CATION - C	aty or Tov	wn, State	
	4 Oonatjon 5 Other (S			_ K1	.ng S	oror						LT LOI	1, 1	i U	
ŀ	21. SIGNATURE OF TOHEROLL	ERVICE	balle	11	1		22. NAM H11	E AND ADI	Fune	CILITY	l Home				
	Pon	100	Matthe		MES	5.8					6, Wald	Aorf	ма	200	604-0
4	23. PART I. Enter the dis														
			List only one cer			זסח טע	einer Me	HINGE OF	aynıy, euc	41 00 (verurac or reapi	. Story erre	o OL,	Interva	ximete il Between
	IMMEDIATE CAUSE (Fine	l .		Respiratory Failure DUE TO (OR AS A CONSCOURICE OF):						Onset	and Death				
	disease or condition resulting in deeth)		Res	Pira	ton	1	tail	4-2							
	. Southing the wooding		DUE TO	(OR AS A	CONSEQUE	ENCE OF):	. /								
. 1			PAR	-WM	DAL	CS.									
	Sequentially list condition		DUE TO	(OR AS A	CONSEQUE	ENCE OF):	1								
	If eny, feeding to immediceuse. Enter UNDERLYIN		Ad	412	10	50:4	- at-	A14	dica	tre	11 (4	adre	Lme		
2	CAUSE (Diseese or Injury		cDUE TO	(OR AS A	CONSEQUE	ENCE OF:	0. 1-3	7	~[[3]	,	55 57	- 1040	-1.1.1	-	
	that initiated evente resulting in deeth) LAST		C ~-	1 ~		n a .A .	CALL	0	mas	4					
	,		d. Cur	913	pull	1001	417	•	6, 2	1				-	
	PART II. Other eigniticen	t condition	s contributing to	deeth b	ut not ree	ulting in t	the under	riying ceu	se given in	Part			24b.	WERE AUTOPS	
		ME			intro				-		PERFOR	. 1		AVAILABLE PR	
						-			1		1 - YES 2	NO		OF DEATH?	
	(2)01		ancer		(A	are'V S	car	CINO	mar)		1	1	1	1 YES 2	□ NO
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						26. PLACE (OF DEATH (C)	heck on	ly one)				
	1 YES 2 NO		HOSPITAL:	ER/Outp	etlent 3 🗆		THER:	Home 5	Residence	8 🗆 6	Other (Specify)				
	27. MANNER OF DEATH		28a. DATE O	INJURY	-	28b. TIME O	F 280	c. INJURY A		-	DESCRIBE HOW I	NJURY OCC	URED		
- 8	1 Natural 5 P		(Month, I	Day, Year)		INJUR	Y	WORK?							
:	2 Accident	vestigation	28a. PLACE	AE IN 41 ION	At hore	form et				204	LOCATION (Com	and Number	ne Ormal P	Anustra Alexandra -	
		ould not be	building	atc. (Spec	— At nome	o, TOTTI , BUTO	et, mctory,	OTHER			LOCATION (Street I City or Town, State)		or numi A	wure reamber,	
	4 🗆 Hornicide 0	er at thinkling of													
	290. CERTIFIER 1 CERTIF	FYING PHYS	ICIAN: To the best o	f my know	ledge, death	h occurred i	at the time.	date end p	place, end due	e to the	ceuse(e) end mai	nner ee state	ed.		
	(Critick Orly)		ER; On the beele of) and manner	as stated.
			/			- 2090110111	, 0,,,,,,				one present of				
	296. SIGNATURE AND TITLE	OF CERTIFIE	7	^				29c.	LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, 1	(bar)
	15 1	1	·N	1				1	D-2334	26					
2	30. NAME AND ADDRESS OF														
- [B. Larry Je	nkins	, MD. P.	0. I	Box 1	724.	LaP1	ata,	Mary1	and	20646)			
	31. DATE FILED (Month, Day, Y														
	MAR 08 'S		32, REGISTR	سالمنده	~ Bind	Less									
- 1	MADE () O S	J	June												

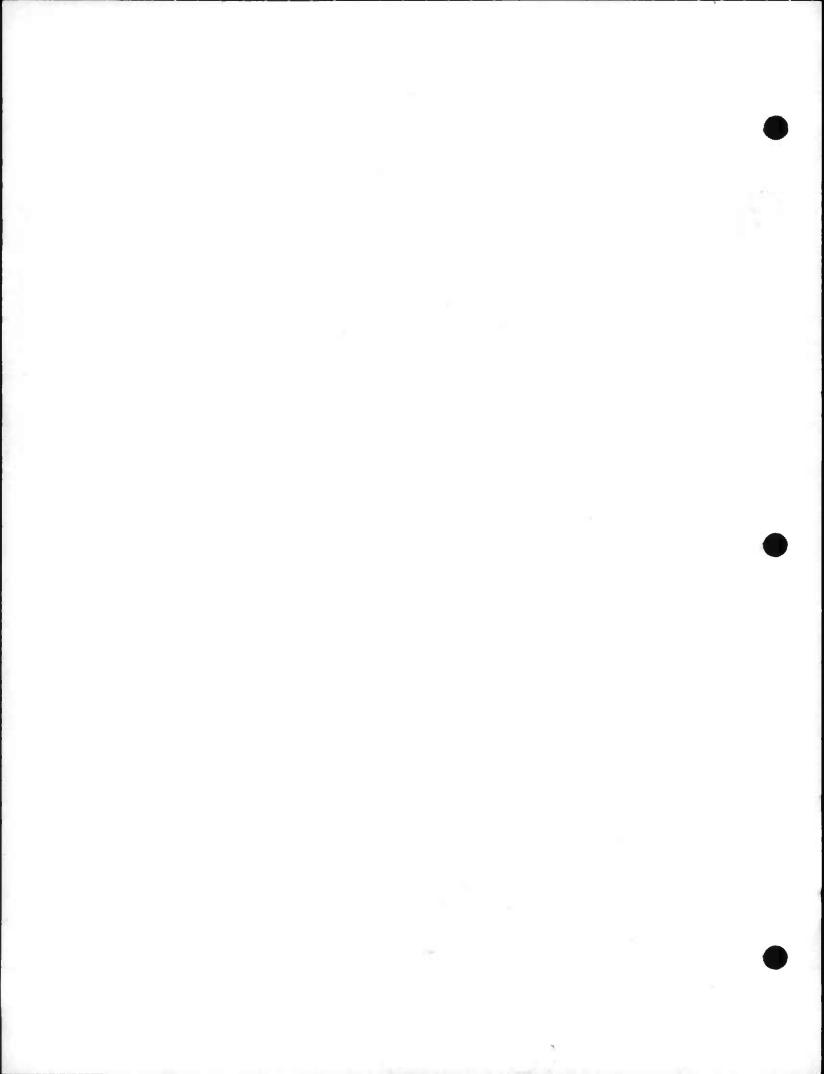
5 5 2 E			TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tribe filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DE			MENTAL	HYGIENE
CER	TIFICATE O	F DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / D		OF HEALTH AN	ID MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	MARY E. SART		anter	MOI	TE OF DEATH	Y 9 2	3. TIME OF DEATH	
7	4. SOCIAL SECURITY NUMBER 577 69 9508	5. SEX 6. AGE (In yrs. lest b	YRS. IF UNDER		RS. 7. DAT	E OF BIRTH		BIRTHPLACE (State or Foreign Country) IRGINIA	
тов	9a. FACILITY NAME (If not institution, give s HOLY CR RESIDENCE OF DECEDENT	ROSS_HOSPITAL		96. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING			Montapmery		
. DIRECTOR		GOMERY		ITY, TOWN OR LOCATION SILVER SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 10106 RENFREW ROA	D		101. ZIP CODE 2090)1		10g. CITIZEN	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS V Nover Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	1	NAS DECENDENT OF HI f yea, specify Cuben, M	exican, Puert	SIN? (Specify Yes to Rican, etc.)			
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	Completed) (Give life. Do	EDENT'S USUAL OC kind of work done of o NOT use retired.)	CCUPATION furing most of working	1	6b. KIND OF BUS			
COM	17. FATHER'S NAME (First, Middle, Lest)		JONIZANI	18. MOTHER	S NAME (Firs	t, Middle, Maiden	Surname)		
BE (CARLO SART 190. INFORMANT'S NAME (Type/Print)			ANTON		SARTO			
2	GLORIA R. SARTORI			(Street and Number or F				(LAND 20901	
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. PLACE ANI	D DATE OF DISPOS		D	ATE 20c. LOC	CATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC		FR	ANCIS J. (F FACILITY	IS FUNER	AL HON		
	23. PART I. Enter the diseases, or o shock, or heart failure.	complications that caused the deat List only one cause on each line.	h. Do not enter	the mode of dying,	such as ca	irdiac or respli	ratory arrest	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardi		culer	2	De's	202	Onset and Death	
2	DUE TO (OR AS A CONSEQUENCE OF):								
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUE	ENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):						
AL C	PART II. Other significant condition	s contributing to death but not res	ulting in the un	derlying cause give	n in Part I.			24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC						PERFORE		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N.								, , , , , , , , , , , , , , , , , , , ,	
SICIA	25. WAS CASE BEFERRED TO MEDICAL EXAMINER? YES 2 NO	HOSPITAL:	OTHER	26. PLACE OF DEATH					
НХ	27. MANNER OF DEATH	1 Inpatient ER/Outpatient 3 I	28b. TIME OF	ing Home 5 Reside		her (Specify) ESCRIBE HOW IN	JURN OCCUR	ED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?	5	7	CI		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, atc. (Specify)	, ferm, street, facto	ry, office	261. LC	CATION (Street at by or Yown, State)	nd Number or F	Tural Route Number,	
COMPLETED		CIAN: To the best of my knowledge, death R: On the basis of examination and/or invo						use(e) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Saule on	~	29c. LICENSE	NUMBER	6	29d. DATE SI	GNED (Morth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO			cs cous	161	der		- The	
	31. DATE FILED (Month, Day, Year) MAR 04 93	32. REGISTRATE SIGNATURE		S -500-	,)	100		12000	



	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	nh oli	vier Micha	el Kama	am Saha	2. DATE OF DEATH	4	3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign
	216-17-9869	1 🔣 M 2 🗆 F	18 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Jan. 1, 1	975	Cameroon
	Sa. FACILITY NAME (If not institution, give st	reet and number)	1	b. CITY, TOWN C	R LOCATION OF DE		-	Y OF DEATH
FUNERAL DIRECTOR	Suburban Hospital			Bethesd	a		Mont	gomery
EC	10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
a	Maryland Montg	omery	Poto	mac				LIMITS? 1 ☐ YES 2 ☑ NO
3AL	10e. STREET AND NUMBER			1	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
NE I	1402 Longhill Dri				0854		Came	
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, spi	city Cuban, Mexica	ilC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14	I. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 🗌 YES	2 MO Specif	r:		Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION done during moretired.)	ON st of wadding	16b. KIND OF BU	SINESS/INDUS	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		retired.)	a or morning			
M M	17. FATHER'S NAME (First, Middle, Last)		Student			High S		
	Daniel Saha				100	ME (First, Middle, Meiden		
BE	19a. INFORMANT'S NAME (Type/Print)	:	19b. MAILING A	ODRESS (Street a		e Tchouffa		orde)
임	Daniel Saha					tomac, MD		330)
	20a. METHOD OF DISPOSITION 1 ◯ Burial 2 □ Cremation 3 □ Remo		b. PLACE AND DATE OF	DISPOSITION (Na				y or Town, Stata
- 1	4 Donation 5 Other (Specify)	E	metery, crematory or othe Sangoulap	Cemeter	у	Bar	ngante.	Cameroon
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEN		10 Fac	D ADDRESS OF FA	Park Drive	Funera	1 Home
	£ 3.5.	2		Gaithe	ersburg,	MD 20877		
	23. PART I. Enter the diseases, or condition. I	a. DUE TO (OR AS	A CONSEQUENCE OF):	t enter the mo	de of dying, suc	h as cardiac or resp	fratory arres	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		A CONSEQUENCE OF):	M				
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to death	but not resulting in	the underlying	couse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	sck only one)		
S	YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out		OTHER:	e 5 🗆 Residence	8 Other (Specify)		
됩	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (URY AT RK?	28d. DESCRIBE HOW	NJURY OCCU	RED
B	2 Accident 5 Pending Investigation				ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streedly)	eet, factory, office		28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
Secretary of the determined building, etc. (Specify) 29e. CERTIFIER (Check only in the determined building, etc. (Specify) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(but of the cause(but o								
MP	(Check only							cause(s) and manner as stated.
	29b. SIGNADULE AND TITLE OF CENTIFIED	- CAMINITALIA	error irrestigation,	my opinion, o				
8	11 /26	17	V-		29c. LICENSE NUI	MBER	29d, DATE S	BIGNEO (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF O	EATH (ITEM 27) (Type, P	rinų	1	0 -	0 1	7/13 herde 1402
	SI. DATESTANDO (MORETI, DONO MARI)	3. BEGISTBAR'S SIG	NATURE O	100	20154)	1211	Del	herde 1902
	MAK (15 193	Julia Davidson	Mandell					



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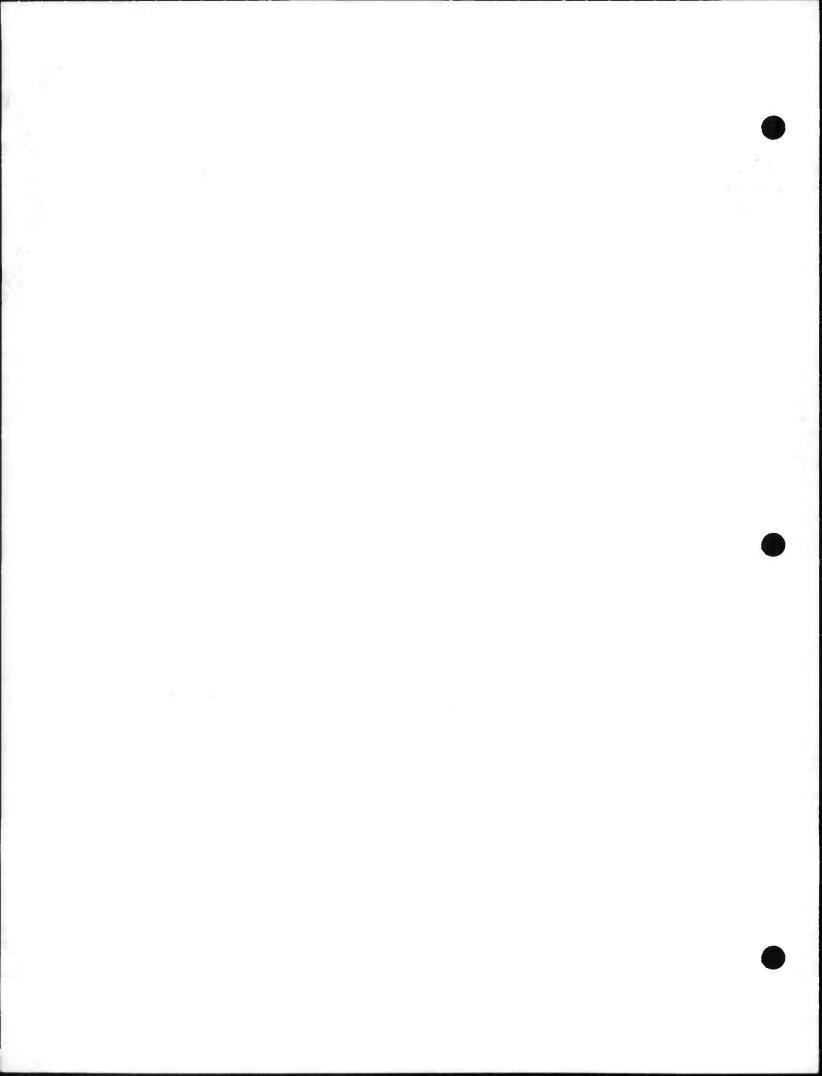
fing physician. the burial-transit p BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SCALES VIALISSA DOVALUE 4 1503 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 296-14-2020 86 GEORGIA 1 🗌 M 2 💢 F 9a. FACILITY NAME (If not institution, give street and n 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VASHINGTON 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MONTGOMERY TAKOMA PARK 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7600 MAPLE AVE 20912 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Marri 3 Widowed 4 Divorced BY SpecifiBLACK 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 12 DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maid o Sumamel BUNTON WILLIE JONES LUELLA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Toll BETTY MCKINNEY SAME AS 10 e 28a, METHOD OF DISPOSITION
1 🔀 Burlel 2 🗆 Cremation 3 🗆 Rem
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE FOUNTAIN CEMETERY 3/5/9> FOSTORIA, OHIO 21. SIGNATURE OF FUNERAL SERVICE LICENSEE TAKOMA FUNERAL HOME INC 254 CARROLL 1 ST N.W. WASHINGTON, Re D.C. 20012 23. PART I. Enter the diseases, or complications that/caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feliure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ Jepsus resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Per BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST eureon PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO YES 2 NO COMPLETION OF CAUSE 1 TES 2 NO aurens rkuson 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 WO Inpatient 2 - ER/Outpatient 3 - DOA e 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1)X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de ath occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) M.D. LDe 019935 2/25/93 nel 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20912 JAMUEL DESHAY, WASHINGTON M.D ADVENTIST HOSPITAL TAICOMA PARK 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 3 '93 MAR 0



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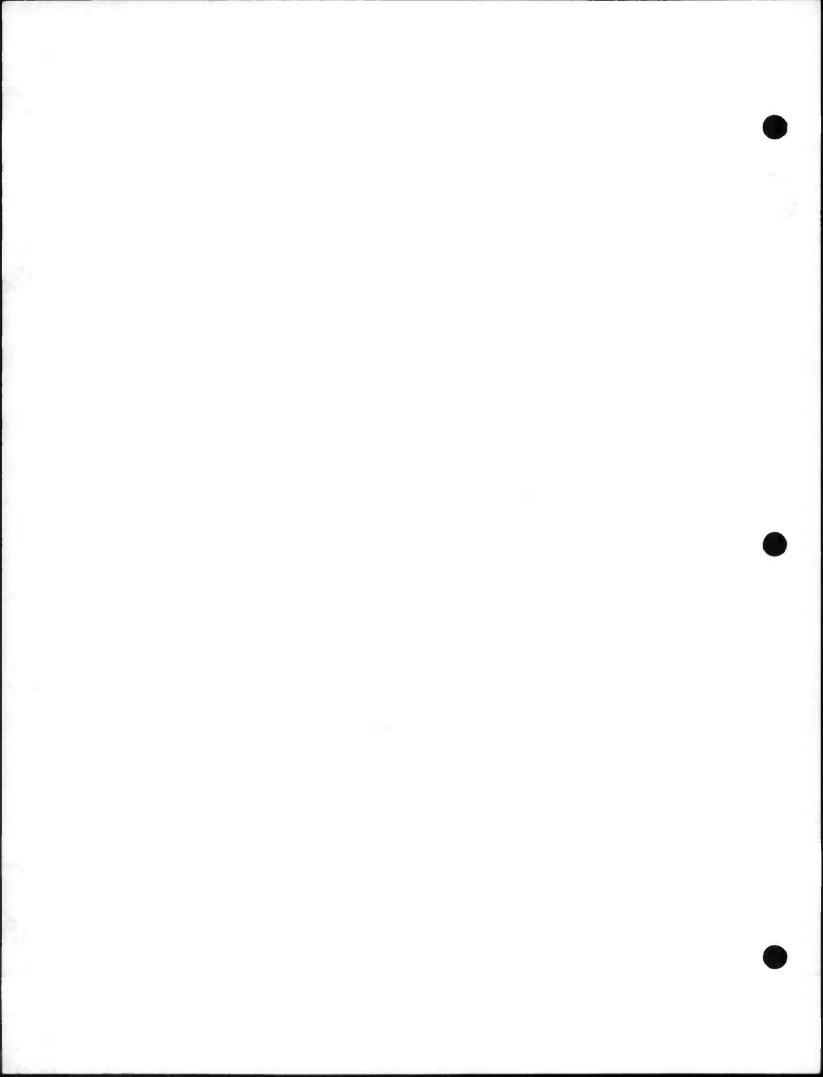
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32. REGISTRAR'S SIGNATURE
Julia Davidson Rondelle

											9	3 0	17213	
		1 - FOR REGISTRAR	STATE OF N		/ DEPAR					ENTAL HYG				
		1. DECEDENT'S NAME (First, Middle, L	W.SHOET	NAKE	P.			_	:	MONTH	H DAY:	75 AB 3.	TIME OF DEATH 3: 10 Pm	
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDE	1	IF UNDER		7. DATE OF BIRTH (Month, Day, Yes		8. BIRTHPL	ACE (State or Foreign	
я		496-26-2037	1 M 2 □ F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	10-27	7 1 -	Country) Washii	ngton, DC	
8	æ	9a. FACILITY NAME (If not institution, o		- Horal	Dira	96. CIT	Y, TOWN O	R LOCATIO	N OF DEAT	н	9c. COU	TY OF DEAT	Н	
逊	DIRECTOR	RESIDENCE OF DECEDEN	ADVENTIST	11037	11176		IALI	MA	17/1	EL.	//	WWT	Gomely	
7	REC	10a. STATE 10b. CO			10c. CIT	Y, TOWN	OR LOCATI	ON				10	d. INSIDE CITY	
#		Maryland	Montgome	ry			Silv	er S	pring			. 1	☐ YES 2 KNHO	
burial-transit permit.	ERAL	10e. STREET AND NUMBER	ZEN OF WHA	T COUNTRY?										
trans	FUNE	15107 Interlac	nen Drive,		ABMED	112	WAS DEC	2090		ORIGIN? (Specif		ed Sta		
	В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 12	XYES 2				, Mexican,	Puerto Rican, etc) 105 of No	Specify:	RACE — American Indian, Black, White, etc. Specify: White		
use as the	ED	15. DECEDENT'S (Specify only highest of		16a.	DECEDENT'S (Give kind of a	USUAL C	CCUPATIO	N t of working	,	16b. KIND OF	BUSINESS/IND			
	LET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	e retired.)			,					
be detached for at once.	COMPL	12 17. FATHER'S NAME (First, Middle, Last			Captai	n/De	tect	_			Park P	olice		
		Isaac Sho								First, Middle, Ma beth Ma				
5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	\$ (Street ar	_		ite Number, City or		Code) 2(0906	
e 5 s	٥	Gladys W. Shoe	maker	15107	erla	erlachen Drive, #226, Silver Spring, MD								
ector, page must be		20a. METHOD OF DISPOSITION XX Burfel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DATE												
the funeral director, page oval, si examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0348 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc., 300 W. Montgomery Ave. Rockville, Maryland 20850-2805												
ompletely filled in by the li, cremation, or removal event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) a. Cadropularous Arros t												
ttending physician and catal Hygiene prior to buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): d.												
been signed by of Health and shows any i	MEDICAL	+-1	itions contributing to	death but no	but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PARTON							AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 1 NO	
State Dept State Dept Item 23	PHYSICIAN:	25. WAS CASE REFERFIED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)									
ertifica the Sta	YSI	1 - YES 2 - NO	1 Nopetient 2		_			5 🗆 Res	idence 6	6 ☐ Other (Specify)				
fter this ce eath with t marked,	ВУ РН	27. MANNEN OF DEATH 1 Matural 5 Pending 2 Accident Investigat	28e. DATE OF (Month, De		28b. TIM	E OF URY M	28c. INJU WOF 1 Y			28d. DESCRIBE HOW INJURY OCCURED				
DIRECTOR: At hours after de item 28 is r	TED	3 Suicide 8 Could not determine	building.	F INJURY — AI lete. (Specify)	home, farm, s	treet, fac	tory, office		2	81. LOCATION (St City or Town, S		or Rural Rout	» Number,	
₹2 =	COMPLE		HYSICIAN: To the best of miNER: On the basis of ax										d manner as stated.	
TO THE FUNER be filed within IMPORTANT:	TO BE C	29b. SIGNATURE AND TITLE OF CERT	Tollle	ms)			29c LICE9	J33	4	29d. DATE ▶ 2	/ /	Orith, Day, Year)	

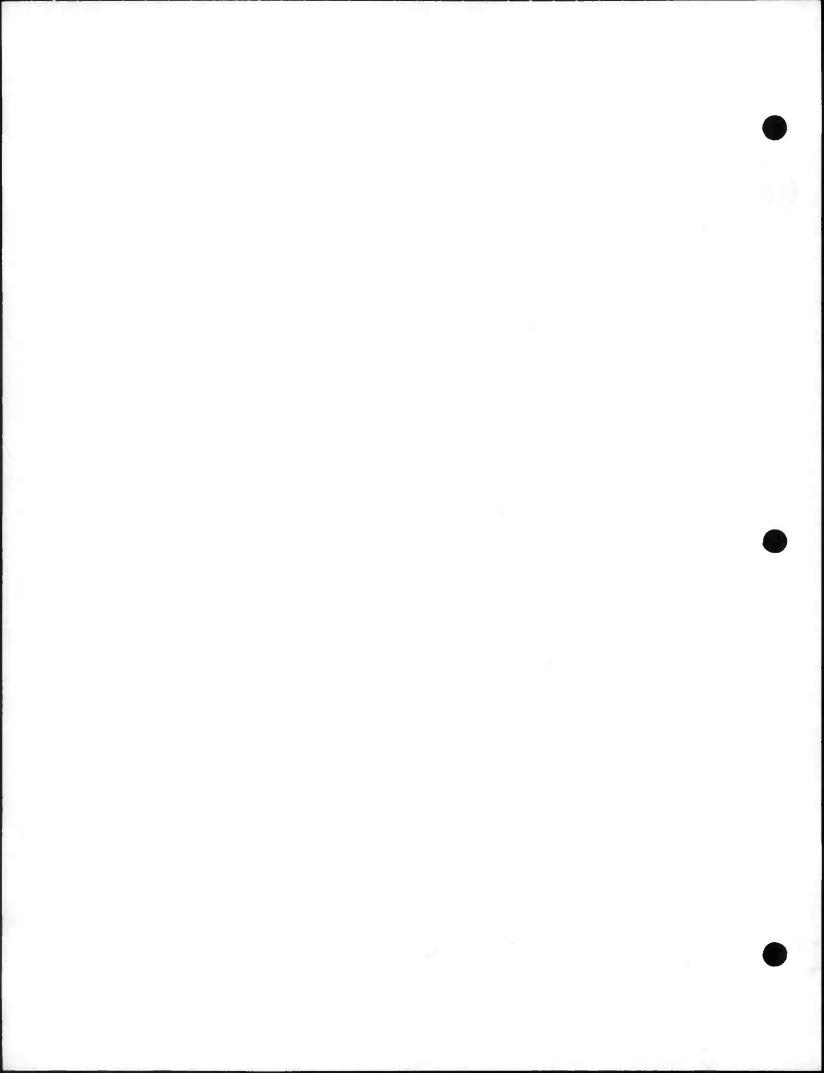
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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	ECTOR; After this certificate has been signed by the attending physician and completely filled in t
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4	1. DECEDENT'S NAME (First	21112									2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH	
			anna Sch				_		February	-					
	4. SOCIAL SECURITY NUME	3500	5. SEX	6. AGE (In yrs. last birthday			IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTI	HPLACE (State or Foreign ry)	
	371-68-4786		1 □ M 2 XXF	7	79	YRS.		Jan. 18,							
œ	9a. FACILITY NAME (If not institution, give street end number)					i	96. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COL	INTY OF E	DEATH	
0	Collingswood Nursing Center							Rockville Montgomer							
EC	10a. STATE	10b. COUNTY	1			10c. CITY	Y, TOWN (OR LOCA	TION					10d. INSIDE CITY LIMITS?	
DIRECTOR	Maryland		Roc	ckvi.	lle						LIMITS?				
	10e. STREET AND NUMBER						10	. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?		
EB	299 Hurley	Avenu	е						2085	0		Uni	ted	States	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN				13.	WAS DEC	ENDENT (OF HISPAN	IC ORIGIN? (Specify Ye		14. RAC	E — American Indian.	
BY F	1 Never Married 2 3 1 Widowed 4 Divo		FORCES?			,				Specify	n, Puerto Rican, etc.)		Spec	k, White, etc. //y:	
		EDENT'S EDU												White	
	(Specify onl	y highest grade	completed)		16a. DECE	EDENT'S kind of w Oo NOT us	vork done	CCUPATION COLUMN	ON ist of worldi	ng	166. KIND OF BU	SINESS/IN	DUSTRY		
7	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		emak					Own Ho	mo			
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)				- Cilida			18 MOT	HER'S NA	ME (First, Middle, Maiden				
	Conrad Albe	ert San	nhoff								Martha Ro				
H	19a. INFORMANT'S NAME (7	ype/Print)	-		19b.	MAILING	ADDRESS	S (Street a			Toute Number, City or Tow		p Code)		
2	Gisela Augu	ista Ma	alanick								Rockville,			d 20852	
	20a, METHOD OF DISPOSIT	ION		20b.	PLACEAN	DDATEC	OF DISPOS	SITION /Na				CATION -			
1 Deurial 2 M Cremation 3 Removal from State 4 Quantion 5 Other (Specify) Montgomery Crematorium Inc									3/2/93						
- 1	21. SIGNATURE OF FUNERA			22. D	NAME AL	ADDRE	SS OF FAC	Dill 1904							
	March	(E.)	emy		моо		R	ocki	ille	, Inc	. 300 West	E Mon	itgom	e/ ery Avenue	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.														
	IMMEDIATE CAUSE (Fir		200.19	200000450										Onset and Death	
	disease or condition														
1	DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, Diabetes Mellitus I Due TO (OR AS A CONSEQUENCE OF):														
AT	cause. Enter UNDERLYING Al Zheimer's													İ	
Ē	CAUSE (Disease or injuthat initiated events	·		(OR AS A											
	resulting in death) LAS	T L	. Recent	amp	utat	ion	left	: le	g(Di	stal	arterial	thro	nbos	is)	
\overline{c}	Recent amputation left leg(Distal arterial thrombosis) PART H. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY FINDINGS														
MEDICAL			_ continue ting to	death bu	AL HOL 168	sumy i	ii uie ui	ideriyiri	g cause i	given in	PERFO	RMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
											1 🗆 YES 2	NO 🔯		OF DEATH?	
											-			1 PYES 2 NO	
N N	25. WAS CASE REFERRED TO	O MEDICAL						26 PI	ACE OF O	EATH (Chi	ick only one)				
Sic	EXAMINER? 1 PES 2 NO		HOSPITAL:	ER/Outpa	stient 3	DOA	OTHE	3:			6 Other (Specify)				
PHYSICIAN	27. MANNER OF DEATH		26e. DATE OF	INJURY		26b. TIME	E OF	28c. INJ	URY AT	sucience	28d. DEŞCRIBE HOW I	NJURY OC	CUREO		
ВУР		Pending Investigation	(Month, E)ay, Year)		ILNI	URY M		RK? YES 2] NO					
	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)						treet, fact	ory, offic	•		261. LOCATION (Street and Number or Rural Route Number,				
TED		determined	bullang,	wic. (apecii	19)					- 1	City or Town, State)				
21	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowle	edge, deati	h occurre	d at the t	lme, date	end place	, and due	to the cause(e) and ma	nner as ste	ted.		
COMPLET														e) and manner as stated.	
EC	296. SIGNATURE AND TITLE			1 .	,					ENSE NUM				(Month, Day, Year)	
0	Fau	lue	11/12	Lol	w	L	M	D							
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEA	TH (ITEM :	27) (Туре,	Print)	<u>//</u>		1978	0	r e	orua	ry 26. 1993	
	Frauke West	phal 1	M.D. 809	Veir	s Mi	11 F	Road	Roc	kvil	le,	Maryland 2	0851			
	31. DATE FILEO (Month, Day,	Year)	32. REGISTRA	R'S SIGNA	TURE					•	*				
1	MAK 0.5 1	, d 3	Julia 1	Desido -	. 20	2.00									



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR		SIAIL OF I	C	ERTIF	ICATE				MENIAL HYG REG.			
1	1. OECEDENT'S NAME (First,					2. DATE OF DEAT	3. TIME OF DEATH						
	Thomas B. S			JRe,	one	1500N	7			Feb. 26, 1993			5:20 PM M
ı	4. SOCIAL SECURITY NUMB	DER	5. SEX	B. AGE (In yrs. In	,,	MONTHS D		UNDER 2	HRS.	7. DATE OF BIRTH (Month, Day, Yes	0	Coun	HPLACE (State or Foreign try)
Ì	9a. FACILITY NAME (II not in	- 45- 47 1	1 XM 2 F	68	YRS.				141	Feb. 3,			ginia
	Malcom Grov	ם יו		9b. CITY, TO			- 26.03			COUNTY OF			
Ì	RESIDENCE OF DEC	F.B.		Andr	ews A	AFB	, MI	· 	Pr	ince	Georges		
1	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?
ľ	Maryland	Princ	e George	S	Sui	tland							1 X YES 2 NO
ì	10e. STREET AND NUMBER							CODE			10g.	CITIZEN OF	WHAT COUNTRY?
Ì	2320 Lakew	ood St						0746					States
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OFCEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— lif yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — Ar Bleck, White Specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— lif yes, specify: Use of No. Specify: Blaci									E — American Indian, ck, Whita, atc. city: Lack				
		EDENT'S EDU highest grade		16a. D	ECEDENT'S Give kind of v	USUAL OCCU vork done duri e retired.)	JPATION ing most of	working		16b. KIND OF	BUSINESS	/INDUSTRY	
	Elementary/Secondary (0	-12)	College (1-4 or 5 -	,							1 0		
	17. FATHER'S NAME (First, MI	iddle (ast)		M	ail C	Terk				Federa			ent
	Homer Ceci		henson							ME <i>(First, Middle, Ma</i> .zabeth			
ı	19a. INFORMANT'S NAME (7)		nenson	1	Ph. MAILING	ADDRESS (S				loute Number, City or			
	L. Vashti S	tephen	son							tland, N		0746	
۱	20a, METHOD OF DISPOSITI	ON		20b. PLACE	ANDDATEC	F OISPOSITIO	ON /Name o	of	Dui	1		V — City or T	own, Stata
	4 Donation 8 Dother	(Specify)	_	BeII	ewill	e Cem	etery	У	3	/4/93 Be	llvi	11e, V	Virginia
	21. SONATURE OF ELMERA	SEPVICE LI	SENSEE			Mc		e Fı	uner	al Servi	-		20012
ł	23. PART I. Enter the di	sesses or o	complications the	caused the d	esth Do n								ton, D.C.
	ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart failure.	Alteria	se on each lin	she	alex				lot de			Approximate interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE DF):												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												
ı	25. WAS CASE REFERRED TO EXAMINED?"	MEDICAL	HOSPITAL:			OTHER:	28. PLACE	OF DE	ATH (Che	ck only one)			
	1 TES 2 NO		1 - Inpetient 2 -			4 - Nursing		_	Idence	8 Other (Specify)			
	27. MANNED OF DEATH	Pending	28a. DATE OF (Month, Da		28b. TIMI	JRY	c. INJURY WORK?			28d. DESCRIBE HO	W INJURY	OCCURED	
1	2 Control	nveatigation	28a. PLACE OF	F INJURY — At b	ome form o		YES	2 📋	NO	204 1 00471011 (0)			
3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										Route Number,			
			CIAN: To the best of R: On the basis of as										a) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)												
1	1 / Eleguser	M	sony.	uxvill			D	21	2	20	1	2/2	7-93
	Augusto F, Rodviaue Z. MD: 5009 Ray pun Ct. 16. Shr. M. 20 748												
	31. DATE FILED (Month Day)	93	32 AUGUSTA	A'S SIGNATURE	ndelle					10			, , , , , ,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

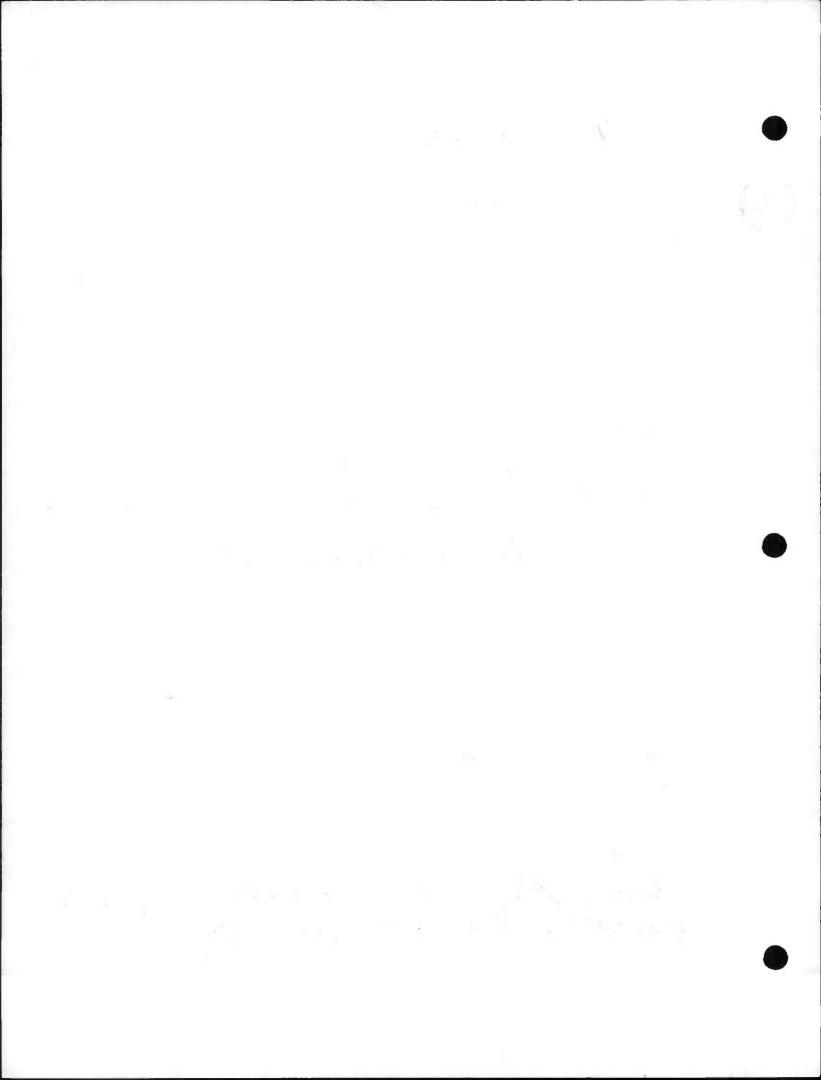
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

OHMH-16 Rev 1/89



ROBERT WALKER

31. DATE FILED (Month, Day, Year)

03

'93

MAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAI		DEPAR						SIENE I. NO.		
1. DECEDENT'S NAME (First, Middle, Last)							Т	2. DATE OF DEA			3. TIME OF DEATN
JASOI 4. SOCIAL SECURITY NUMBER	N EDWARD SO							Febura:		2:07 P M	
	MONTHS DAYS MOUBE MM (Month, Day War)							8. BIRTN	PLACE (State or Foreign X)		
196-52-4317 Sa. FACILITY NAME (If not Institution, give s	44	22	Tho.	ah CITY	TOWN	0.1.00471	ON OF DEA				
NIH, THE CLINICAL							MARYL		1000	NTGOM	7.00
RESIDENCE OF DECEDENT	CENTER			DEL	IILOI)A, 1	MAKTI	IAND	HOI	NI GOLL	ZKI
10e. STATE 10b. COUNTY	,		10c. CITY	, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
Pennsylvania Allegheny Pittsburgh											YES 2 NO
10e. STREET AND NUMBER						ZIP CODI	_		10g. C	ITIZEN OF W	HAT COUNTRY?
3232 Churchview A					_	1522				SA	
1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2	NO NO	H	yes, spe	city Cube	n, Mexican	C ORIGIN? (Spec , Puerto Rican, el		14. RACE Black	— American Indian, , White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	_ YES	2X NO	Specify:			Speci	y: White
15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	USUAL OC	CUPATIO	N		16b. KIND (F BUSINESS/I	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		Give kind of w b. Do NOT use	ork done d retired.)	uring mos	il of workin	ng				
12		2	Studer	ıt					Edu	catio	n
17. FATHER'S NAME (First, Middle, Last) James (nmn) Scl	nwartz							e (First, Middle, A ou Daugl)	
19e. INFORMANT'S NAME (Type/Print)		15	96. MAJLING	ADDRESS	(Street at	nd Number	or Rural Ro	oute Number, City	or Town, State, 2	Zip Code)	
John W. Simpson	n 		3232 (Churc	hvi	ew Ar	venue	Pitts	ourgh,	PA 15:	227
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cr	AND DATE OF OUR TOSE PH	her place)			2/2	DATE 20	PITTS		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2	JODELL				SS OF FACI		1110	DOTIGIT	,
MAK-Chi	amberre		00091	W.	W.	CHAI	MBERS	CO., 1	RIVERD	ALE, 1	MD. 20737
23. PART I. Enter the diseases, or o shock, or heart fellure.	complications that ce	used the d	esth. Do n	ot enter	the mod	ie of dyl	ng, such	as cardiec or	respiratory a	rreet,	Approximate
IMMEDIATE CAUSE (Final		000 1111			Pio	bab	1. 5	e nei c			Onset and Death
diseese or condition resulting in death)	Assire	1 trees		1 (10)	27/2	5	577	· ps· s			
	DUE TO (OR	AS A CONSE	OUENCE OF):	6)	9	epsis			
Sequentially list conditions,	DUE TO (OR										
if sny, leeding to immediate ceuse. Enter UNDERLYING							C				
CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSE	OUENCE OF	2041	Uln	7	Jung	me			
resulting in death) LAST				,-		U					1
PART II. Other significant condition		th but not	resulting is	the une	derlying	cause g	given in P	ert i. 24a. W	AS AN AUTOPS'	Y 24b,	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
- Hemophil	ia							_ 1 D Y	ES 2 NO		COMPLETION DF CAUSE OF DEATH?
									,		1 TES 3 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	-	ACE OF DE	EATH (Chec	k only one)			
1 TYES 2 NO 27. MANNER OF DEATN	28a. DATE OF INJU		-					Other (Specify			
1 Natural 5 Pending	(Month, Day, Ye	ner)	28b. TIME		28c. INJU	RK?		26d. DESCRIBE I	O YRULNI WOL	CCURED	
2 Accident Investigation M 1 YES 2 NO 3 Suitcide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office 28t. LOCATION (Street and Number or Burel Route Number,											
3 Suicide 8 Could not be determined	building, atc.	(Specify)	ome, renn, a	reet, racto	ry, omce		[City or Yown,	itreet and Numb Stete)	er or Rural R	oute Number,
29e. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of the	manufa 4: 4	-44	4						-	
(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my I										
29b. SIONATURE AND TITLE OF CERTIFIER				,y op	mort, de				1		
		ding F	hair	. 1/	, 1		NSE NUME				(Month, Day, Year)
1 10000 Weare	,		M 27) (Type,		ч	リ・し・	149:	1.3		3/23	193

9000 Rockville Pike, Bethesda, Maryland 20892

32. REGISTRAR'S SIGNATURE Lulia Sainda

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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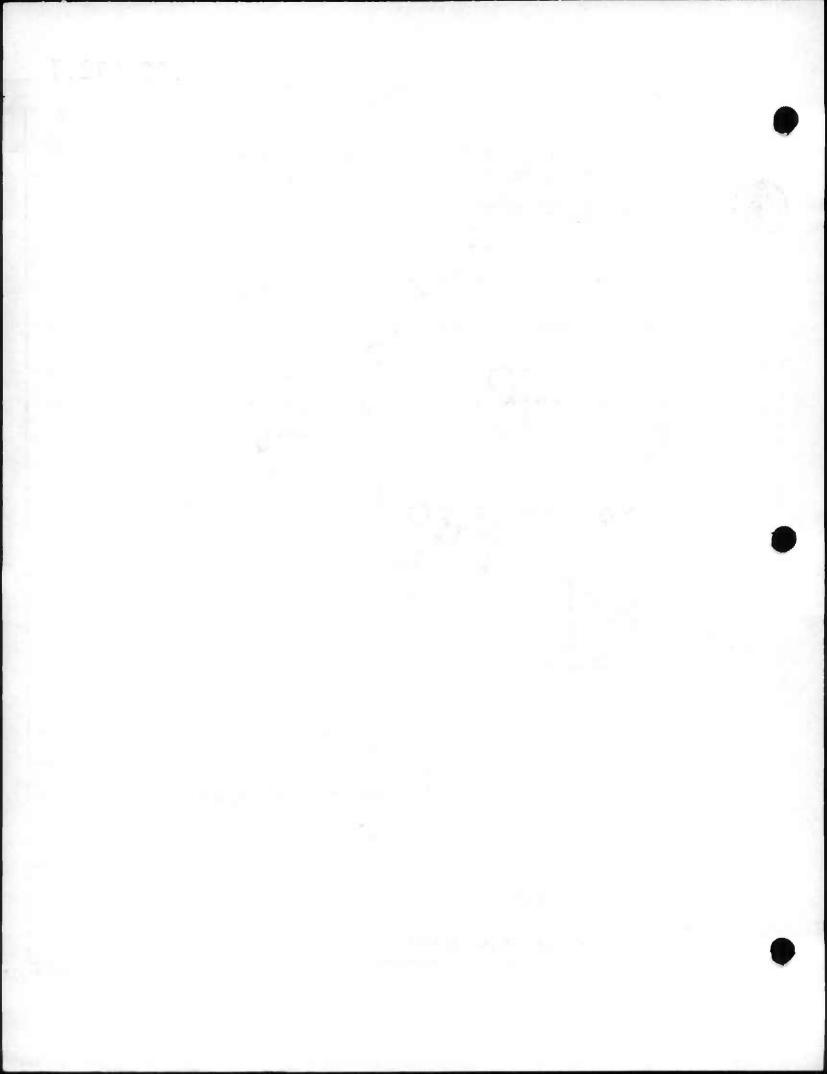
FOR STATE REGISTRAR

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	Pag	al di	
	death.	funer	
	after	y the	moval.
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	UNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director,	rithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	ecuted	nd com	burial.
	96 690	an ai	01)
	cate t	physici	e prio
	certifi	ding (Aygien
	death	atten	ental F
	the	the	N
	that	E D	na r
	alres	signe	Healt
	Je Je	Deer	0
,	e law	has	Ded
	E :	icate	State
	SICIA	certif	the
1	PHY	this	With
	DING	After	death
	TEN	30R.	after
	OR A	DIREC	hours
	HOSPITAL	UNERAL	rithin 72

31. DATE FILED (Month, Day, Year)
MAR - 5 1993

	Mary	Katheri	ne	Sh	erbe	rt)4 19	YEAR 993	1:40 a
	4. SOCIAL SECURITY NUMBER 217-36-7015	5. SEX	6. AGE (In yrs. is		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-14-19(07	8. BIRTH Country	PLACE (State or Foreign y) MD
TOR	SOLOMONS NU	rsing Cen	ter		»ы. спту, Pri		Freder			NTY OF D	
DIRECTOR		Calv	ert	10c. CITY	TOWN O	A LOCA		erland			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 310 Dal	rymple Ro	ad	7	-	10	I. ZIP CODE	20689	10g. CITI	USA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES		11	yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Special	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) ly:	s or No—	14. RACE Black Specifi	- American Indian, white, etc.
COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12)			ECEDENT'S L Give kind of wi to. Do NOT use house:	ork done d retired.)	CUPATION TO THE COMPANY OF THE COMPA	ON sst of working	16b. KIND OF BU		ome	
COM	17. FATHER'S NAME (First, Middle, La William Thoma) .	nouse	WIIC		18. MOTHER'S NA	AME (First, Middle, Maider			ddy
	194. INFORMANT'S NAME (Type/Print William A. I) Dowell	1				and Number or Rural above	Route Number, City or Tov	vn, State, Zip	Code)	
	20a. METHOD OF DISPOSITION 1 Description METHOD OF DISPOSITION 1 Description Description Description Description Description 20a. METHOD OF DISPOSITION 1 Description Description 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOS		cemetery, ci	eand date of company or oth	er place)			DATE 20c. LC	Owing		
	21. SIGNATURE OF FUNERAL SERV	R. H.	מיים		4		on Address of Fa	al Home, P	. A .	Owin	20736
	23. PART I. Enter the disease ahock, pr heert fe IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. Sev	era	Al	she			Deme			Approximata Interval Betwood Onset and D
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	O (OR AS A CONSE	EQUENCE QF)	:	-					year
MEDICAL	PART II. Other algnificent con	ditions contributing to	deeth but not	resulting in	the unc	leriyin	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
THI SICIAN	25. WAS CASE REFERRED TO MEDIN EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient		OTHER		ACE OF DEATH (Ch	6 Cher (Specify)			
100	27. MANNER O DEATH 1 Netural 5 Pending 2 Accident Investig 3 Suicide 6 Could p 4 Homicide determine	ation 26a. PLACE (building	F INJURY Day, Year) OF INJURY — At h , etc. (Specify)	26b. TIME INJU some, ferm, str	RY M	1 🗆 '	PRK? YES 2 NQ	28d. DESCRIBE HOW 261. LOCATION (Street City or Town, State	and Number		oute Number,
COMPLE		PHYSICIAN: To the best of a									and manner as state
9	296. SIGNATURE AND TITLE OF CEI	ATIFIER MSL. A	rlind	, Ph	pric	-	29c. LICENSE NUI				(Month, Day, Year)
	A T MUN	()	Mule	EM 27) (Type, f	rine)	<u></u>	elc 1	MD a	067	18	4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



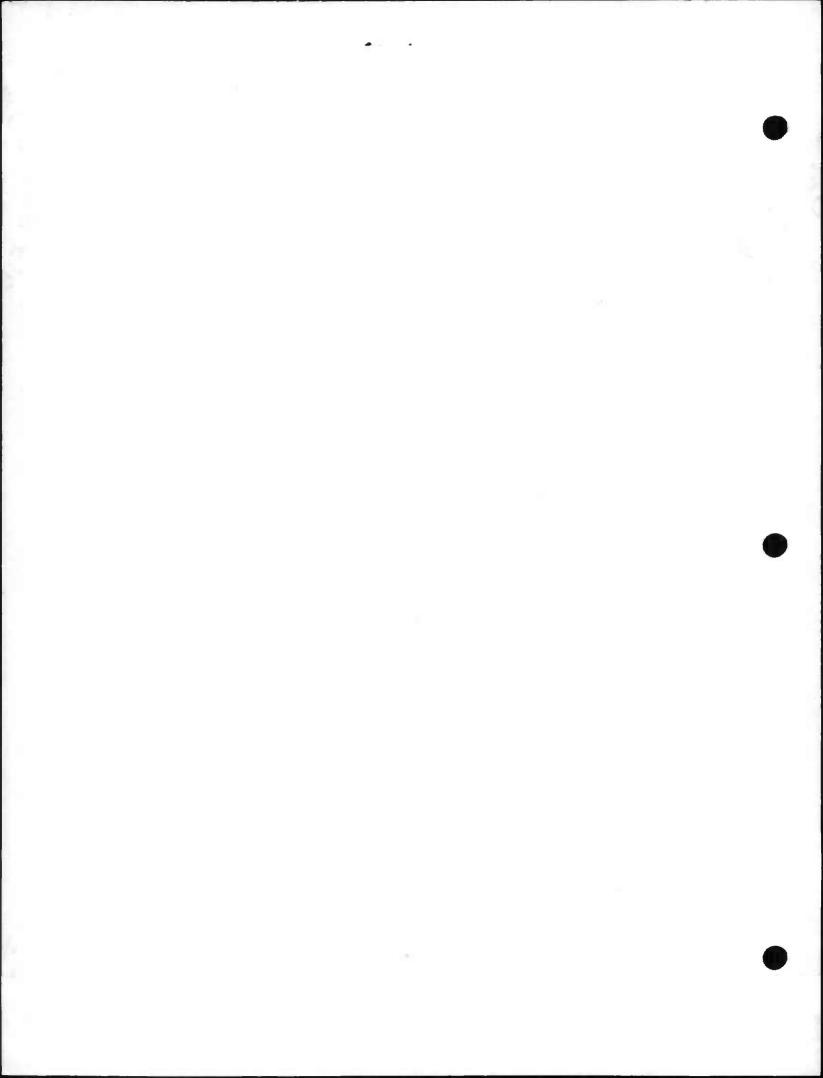
1	-	STATE REGISTRAR
_	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE		ICATE (RENIAL II	EG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last) HOW	ard St	artt					2. DATE OF D MONTH March	EATH DA	199	3 YEAR	3. TIME OF DEATH 6:20 A
	213-10-9752	%	AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YE MONTHS DA		24 HRS. MIN.	7. DATE OF BI (Month, Day NOV - 2	IRTH	912	8. BIRTH Country	PLACE (State or Foreign Maryland
TOR	99. FACILITY NAME (If not institution, give street Union Hospita RESIDENCE OF DECEDENT					kton	Md.				ecil	
DIRECTOR	10a. STATE 10b. COUNTY CCC1	1		10c. CIT	Y, TOWN OR LO	CATION			_			10d. INSIDE CITY LIMITS?
_ D	100. STREET AND NUMBER				Elkto							1 TES ZENO
NERA	179 Starkey L					219					U.S.	A.
BY FUNERAL	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO	IED D	If yes			IC ORIGIN? (Sp 1, Puerto Rican,		or No—	Black	- American Indian, Whita, etc. White
TE	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	16a. DEC	EDENT'S	USUAL OCCUP work done during se retired.)	ATION most of working	g	16b. KIND	OF BUS	SINESS/INC	USTRY	
COMPLETED	8	College (1-4 or 5 +)			Equi			Cor	nsti	ıcti	on	
BE CO	17. FATHER'S NAME (First, Middle, Lest) William Start	t					Mam:	ie Kni	ight			
10	19a. INFORMANT'S NAME (Type/Print) Viva Startt		19b.	P.C	ADDRESS (Str	1336	or Rural R	lkton,	y or Town	2. State, Zip	f 9 21	
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Ramovi 4. Donation 5 Other (Specify)	al Irom State	20b. PLACE AI cametery, green EIK C	no date of a control of a contr	emete	r(Name of		DATE		cation — Lkto		
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	A Pierr				Fune	ral	Home			Mai	n St.
	23. PART I. Enter the diseases, or con	nplications that c	aused the dea	th. Do r	not enter the	mode of dyl	ng, such	1kton	or respli	ratory arr	est,	Approximate
	shock, or heart falluge. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		on each line.	YENCE OF	ur I	infection.	or.				_	Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEQU	ĴENCE OI	F):							
DICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	0	AS A CONSECU				LOP	0				
S	d.											1
ME	PART II. Other significant conditions	contributing to de	ath but not re	suiting	in the underl	ying cause g	liven in F		WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				20	PLACE OF D	EATH (Chec	ck only one)				
YSIC	1 TYES 2 NO	IOSPITAL: Inpetient 2 - El	VOutpatient 3	DOA	OTHER:	lome 5 🗆 Re	sidence (B ☐ Other (Spe	cify)			
ВУ РН	27. MANNER OF DEATH 1- Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		28b. TIM INJ	URY	INJURY AT WORK?		28d. DEŞCRIBI	E HOW IN	JURY OCC	CURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At hom (Specify)	e, 1arm, s	street, factory,	ffice		281. LOCATION City or Tow		nd Number	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:											and menner as stated.
BE C	29b. SIGNATURE AND TITLE DF CERTIFIER		//			29c. LICE	NSE NUMI	BER		29d. DATI	SIGNED	(Month, Day, Year)
2	20 NAME AND ADDRESS OF BERSON WAD	the	17.00	HI)	1004	823	3) 3	18/	93
	30. NAME AND ADDRESS OF PERSON WHO C	MD	22		Print) We	d 1	Nou	in 87	- 7	5-1/0	X	Md 2192
	31. DATE FILED (Month, Day, Year)	Julia David	SIGNATURE	482								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. OECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
LORR	AINE M	. SOM	ERS				Feb	-		993	11:55 P. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)				7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
220-22-7067	1 🗆 M 2 😾 F	63	YRS.	MONTHS	DAYS HO	URS MIN.	Mar.	13, 1	929		vland
9e. FACILITY NAME (If not institution, give a	street end number)			9b. CITY, T	OWN OR LO	OCATION OF I					4
	ad				Crisf	ield,	MD		So	mers	set
	Y		10c. CITY	Y, TOWN OR	LOCATION						10d. INSIDE CITY
Maryland S	Somerset			E	well						LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 20930 Somers Road	3				10f. ZIP		24		10g. CITIZ		S.A.
11. MARITAL STATUS	12. WAS OECEOEN	T EVER IN U.S. AF	MED	13. W	LS DECEND	ENT OF HISP	ANIC ORIGIN	? (Specify Yes	or No—	14. RACE	E — American Indian,
1 Never Merried 2 🔀 Merried			Ю	It y	yes, specify	Cuben, Mexic	an, Puerto	Rican, etc.)		Black	c, White, atc.
3 Widowed 4 Divorced	1 720, 477			1 "		_ 110 Open	y.		- 1	Option	White
15. DECEDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL OCC	UPATION	same efficience	16b	KIND OF BUS	SINESS/INO	USTRY	
		Hfe Hfe	. Do NOT us	e retired.)	nng most or	working					
Grade 7 -		– Но	omema]	ker				At Hom	e		
17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S N					
Struven C. Evans						Maud	de L.	Evans			
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street and N	lumber or Rura	l Route Numi	ber, City or Tow	n, State, Zip	Code)	
Eugeen Somers (Hu	isband)	5	Same a	as 10	a,b,	c,d,e	f,q				
200. METHOD OF DISPOSITION 03-	-0393.	20b. PLACE	OF OISPOS	SITION (Name	e of cemeter	y, crematory or		20c. LO	CATION —	City or To	own, State
4 Oonetion 5 Other (Specify)	ioval from State	Ewell	Chu	rch C	emete	ery		E	well,	MD	
21. SIGNATURE OF FUNERAL SERVICE LI	CEMBEE	//		22. N/	AME AND A	DDRESS OF F					
Bradshaw & Sons Funeral Home											
			eath Do r								21817 Approximete
ahock, or heart failure.			ð.		and the same of th			1	•		interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)	. A	dens	CA	nes	mon	na	U	Tu	ME	,	Onset and Death
recently in econtry	DUE TO	(OR AS A CONSE	OUENCE O			0		A			9
	b	nela	151	JA.	S	CI	nei	Mu	٠٠٠		
if eny, laeding to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):							
	С.										
that initiated evants resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F);							
resulting in death) LAST	GE.										
	0.										
PART II. Other significent condition	ne contributing to	death but not	reculting	In the und	eriying ca	ause given i	n Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS
PART II. Other significent condition	ne contributing to	death but not	reculting	in the und	eriying ca	ause given i	n Part I.	PERFOR	RMED?	24h	AMILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significent condition	ne contributing to	death but not	reculting	in the und	eriying ca	ause given i	n Part I.		RMED?	24h	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PART II. Other significent condition	ne contributing to	death but not	resulting	in the und	eriying ca	ause given i	n Part I.	PERFOR	RMED?	24h	AMILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significent condition 25. WAS CASE REFERED TO MEDICAL	ne contributing to	death but not	resulting	In the und		ause given i		PERFOR	RMED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ne contributing to			OTHER:	26. PLACE	E OF OEATH (Check only o	PERFOR	RMED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERIRED TO MEDICAL	HOSPITAL: 1 Inpetient 2 26e. OATE OF	☐ ER/Outpatient :	3 □ DOA	OTHER:	26. PLACE	E OF OEATH (6	Check only o	PERFOR	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	☐ ER/Outpatient :	3 □ DOA	OTHER:	26. PLACE ing Home 5	E OF OEATH (6	Check only o	PERFOR	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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25. WAS CASE REFEFIRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	HOSPITAL: 1 Inpetient 2 26e. OATE OF (Month, L)	ER/Outpatient :	3 DOA	OTHER: 4 Nursit	26. PLACE ing Home 5 8c. INJURY WORK? 1 YES	E OF OEATH (€	Check only or	PERFOR	NJURY OCC	CUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFVING PHYS	HOSPITAL: 1 Inpetient 2 26e. OATE OF (Month, L 28e. PLACE C building,	ER/Outpatient : INJURY ay, 16ar) FINJURY — At hatc. (Specify) I my knowledge, d	3 DOA 26b. TIM INJ	OTHER: 4 Nursiliper 10 OF	26. PLACE ing Home 5 28c. INJURY WORK? 1 — YES ry, office	E OF OEATH (to 55 \sum 2 Residence AT 2 NO NO no di place, end di	Check only or 6 □ Othe 28d. DE 26t. LOC City	PERFOR 1 YES 2 10 YES 2	NJURY Occ	or Rural i	MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFEFIREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 2 26e. OATE (Month, E) 28e. PLACE C building, SICIAN: To the best of e	ER/Outpatient INJURY ay, 'year') OF INJURY — At hate. (Specify) If my knowledge, department of the property of the propert	3 DOA 25b. TIM INJ ome, ferm,	OTHER: 4 Nursities of Strucky M street, factor	26. PLACE ing Home 5 Sec. INJURY WORK? 1 YES ry, office ne, date end inlon, death	E OF OEATH (G	Check only of the control of the co	PERFOR 1 YES 2 10 YES 2	NJURY OCC	or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
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25. WAS CASE REFEFIREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 2 26e. OATE 26e. OATE 28e. PLACE C building, SICIAN: To the best of e	ER/Outpatient : INJURY ay, Year) OF INJURY — At hate. (Specify) If my knowledge, doxamination end/or	3 DOA 26b. TIM 1NJ ome, ferm,	OTHER: 4 Nursities of EURY M street, factor	26. PLACE ing Home 5 Sec. INJURY WORK? 1 YES ry, office ne, date end inlon, death	E OF OEATH (G	Check only or 6 □ Othe 28d. DE 26t. LOC City use to the cene time, date	PERFOR 1 YES 2 10 YES 2	NJURY Occurrence of the detection of the	or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, e) end menner ee steted. 0 (Month, Dey, Yeer)
	4. SOCIAL SECURITY NUMBER 220-22-7067 9e. FACILITY NAME (If not institution, give is 3346 Lawsonia Roceans and institution, give is 3346 Lawsonia Roceans and is a state of Decedent in the control of the count in	4. SOCIAL SECURITY NUMBER 220-22-7067 9e. FACILITY NAME (If not institution, give street end number) 3346 Lawsonia Road RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Somerset 10e. STREET AND NUMBER 20930 Somers Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specily only highest grade completed) Elementery/Secondery (0-12) Grade 7 17. FATHER'S NAME (First, Middle, Last) Struven C. Evans 19e. INFORMANT'S NAME (Type/Print) Eugeen Somers (Husband) 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 3 Removal from Status 4 Oonelion 5 Other (Specily) 21. SIGNATURE OF ENERAL SERVICE UCLUSED MMEDIATE CAUSE (Final disease, or complications the shock, or heart failure. List only one cestimated in the shock, or heart failure. List only one cestimated in the shock, or heart failure. List only one cestimated in the shock, or heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock, or heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure. List only one cestimated in the shock of heart failure.	4. SOCIAL SECURITY NUMBER 220-22-7067 9e. FACILITY NAME (If not institution, give street end number) 3346 Lawsonia Road RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Somerset 10e. STREET AND NUMBER 20930 Somers Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) Grade 7 17. FATHER'S NAME (First, Middle, Last) Struven C. Evans 19e. INFORMANT'S NAME (Type/Print) Eugeen Somers (Husband) 20e. METHOD OF DISPOSITION 03-03-93 1 Signature of Funeral Service Ucenter Robert H. Bradshaw. 23. PART I. Enter the diseases, or complications that ceused the deahock, or heart failure. List only one ceuse on each line immediate cause. Enter UNDERLYING CAUSE (Disease or injury) Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) DUE TO (OR AS A CONSE	4. SOCIAL SECURITY NUMBER 220-22-7067 1 M 2 M F 63 YRS. 9e. FACILITY NAME (If not institution, give street end number) 3346 Lawsonia Road RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY Maryland Somerset 11. MARITAL STATUS 1 Never Merried 1 Never Merr	4. SOCIAL SECURITY NUMBER 220-22-7067 1 M 2 F 6 3 YRS. 1 M 2 F 6 3 YRS. 9e. FACILITY NAME (If not institution, give street end number) 3346 Lawsonia Road RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY Maryland Somerset 10e. CITY, TOWN OR RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. SOMERS ROAD 11. MARITAL STATUS 1 Never Merried 2 M Merried 1 Never Merried 2 M Nevr M Never	4. SOCIAL SECURITY NUMBER 220-22-7067 1	4. SOCIAL SECURITY NUMBER 220-22-7067 1	4. SOCIAL SECURITY NUMBER 220-22-7067 1 M 2 K F 63 YRS. 90. FACILITY NAME (In col institution, give street end number) 3346 Lawsonia Road RESIDENCE OF DECEDENT 100. STREET AND NUMBER 20930 SOMERS 11. MARY Morried 104. STREET AND NUMBER 20930 SOMERS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 K NO IF YES, GIVE WAR OR DATES 11. MARY LATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 K NO IF YES, GIVE WAR OR DATES 13. DECEDENT'S EDUCATION (One kind of work done during most of working most of working discomposition) 14. Decedent Struven C. Evans 15. DECEDENT'S NAME (First, Middle, Last) Struven C. Evans 16. AGE (in yrs. least birthoday) 16. CITY, TOWN OR LOCATION OF DEATH Crisfield, MD 16. CITY, TOWN OR LOCATION EWell 16. Well 16. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working discomposition) 16. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working discomposition) 16. MOTHER'S NAME (First, Middle, Last) Struven C. Evans 16. MOTHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. MAILING ADDRESS (Street and Number or Rural Route Number or Rural Route Number of Rural Route Number of Subsection) 18. MOTHER'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMANT'S NAME (First) 19. INFORMAN	4. SOCIAL SECURITY NUMBER 220-22-7067 1	4. SOCIAL SECURITY NUMBER 220-22-7067 1	4. SOCIAL SECURITY NUMBER 220-22-7067 10 M 2 DF

32. REGISTRAR'S SIGNATURE

Grelie Davidson-Randell

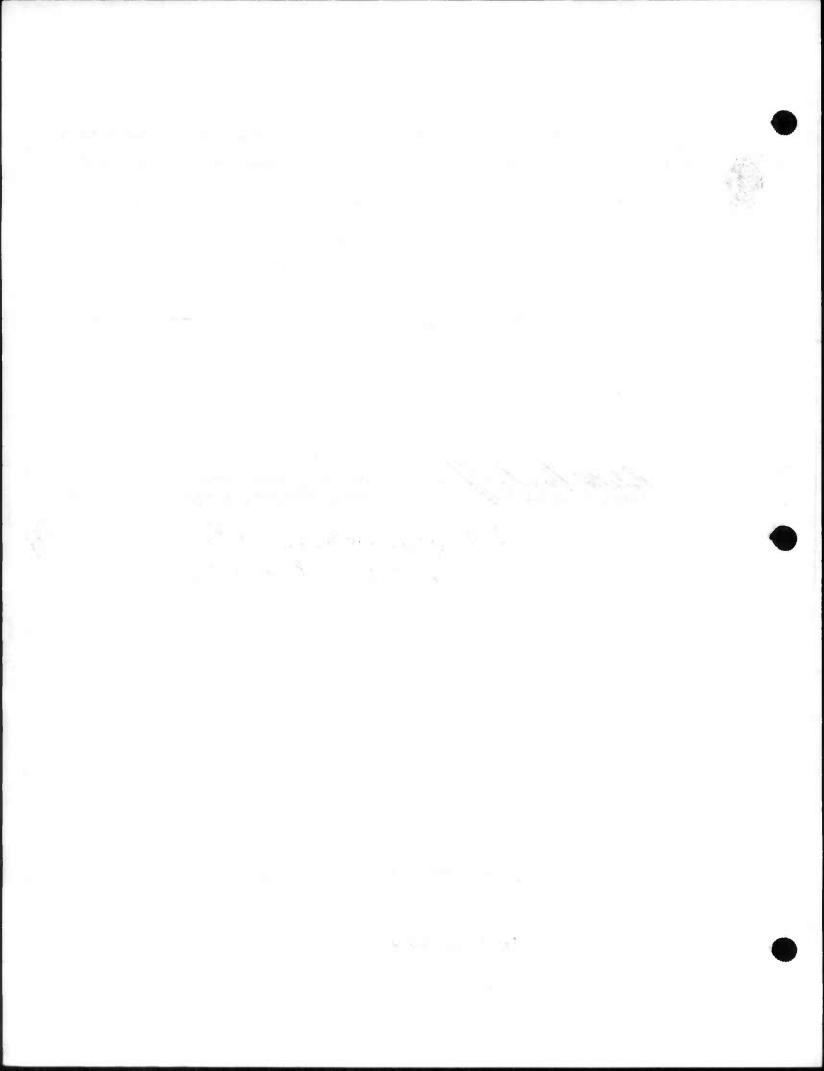
31. DATE FILED (Month, Day, Year)

MAR

2 '93

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 23-70 are after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 14 be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

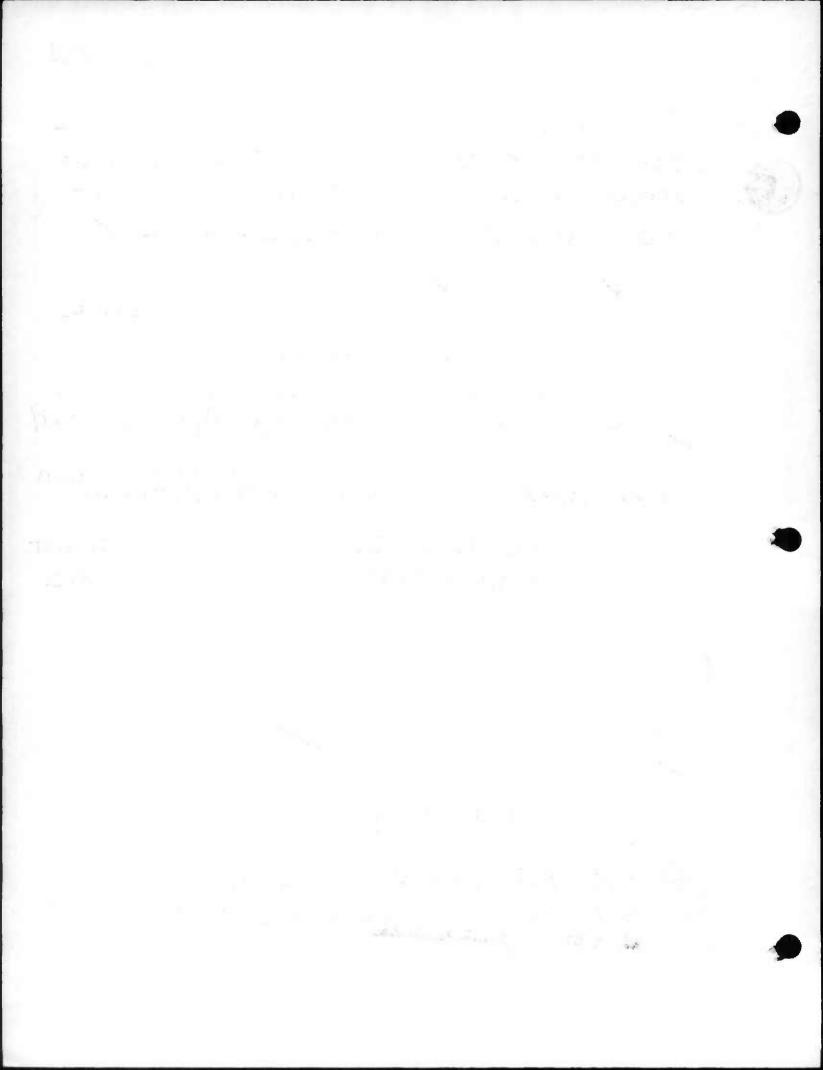


BALTIMOR	. Раде 6 п	ral director,
BALI	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within prours after death. Page 6 m	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director
16,	d within b	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
× 131	be execute	cian and co
.O. BC	h certificate	anding physi-
RDS, P	hat the deat	by the atte
RECO	v requires t	been signer
VITAL	IAN: The lan	rtificate has
N OF	ING PHYSIC	After this ce
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENO	DIRECTOR: /
	HOSPITAL	TUNERAL

1		01.3	
BALTIMORE, MARYLAND 21203-3146	NG PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages at his back to Realth and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIEN
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR		ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	0 01		2. DATE OF DEATH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last birthd	COSON IF UNDER 1 YEAR IF UNDER 24 HRS.	MONTH OAY OYE	3 Q A M MRTHPLACE (State or Foreign
	and all made	□ M 2 1 55 YR	MONTHS DAVE HOURS MIN	8-12-37 S	omerset
TOR	Somerset VIIIC	ige_	Cristiek	Son	nerset
DIRECTOR	10a. STATE 10b. COUNTY	neveet 6	CITY, TOWN OR LOCATION	lace Ant 12	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL I	100. STREET AND NUMBER	1030	10f. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 12. 1 Never Married 2 Merried 3 Nidowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Spec	an, Puarto Rican, etc.)	RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)	npleted) (Give kind	IT'S USUAL OCCUPATION If of work done during most of working If use retired.)	16b, KIND OF BUSINESS/INDUST	RY
	17. FATHER'S NAME (First, Middle, Last) Zebedee	Blile.	18 MOTHER'S N	AME (First, Middle, Melden Surname)	2010W0
TO BE	19a. INFORMANT'S NAME (Typo/Print)	19b. MAIL	LING ADDRESS (Street and Number or Rura.	Route Number, City or Town, State, Zip Coo	Cristien
	20a. METRIOD OF DISPOSITION 1 Description 1	from State 20b. PLACE OF DIS	SPOSITION (Name of cemetery, crematory or	20c. LOCATION — City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE	22. NAME AND ADDRESS OF F	ACILITY EUREVAL	20-120
	Noma WA	12	Norma J. W	ard Theres	marion marion
	23. PART I. Enter the diseeses, or com ahock, or heart fellure. List	plications that coused the deeth. It only one couse on each line.	Do not sitter the mode of dying, su	ch as cardlec or reepiratory errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) s	Acute r	MI.		Onset and Death
N	Sequentielly list conditions, b. –	Hypertens	5100		Vears
CATIC	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO OR AS A CONSEQUENC			
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENC	E OF):		
	PART II. Other significent conditions of	ontributing to deeth but not resulti	ing in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PHYSICIAN: MEDICAL				1 YES 2 NO	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Z					1 123 2 10
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEATH AND OTHER:	fleck only one)	
YSI	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DO	A 4 Nursing Home 5 Healdence		
ВУ РН	27. MANNEB OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, far building, atc. (Specify)	rm, street, factory, offica	281. LOCATION (Street and Number or F City or Town, State)	tural Route Number,
COMPLETED	one)		curred at the time, data and place, and du		ouse(a) and manner as stated.
BE	200. SIGNATURE AND TITLE OF DESTREES	Heiling, M	29c. LICENSE N	JMBER 29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 27)	Type, Print). P.O. BXXXX	Cisted N	d 21817
	31. DATE FILED (Month, Day, Year) WAR 8 '93	32. REDISTINAS S SCHATURE GUILLE DEMISSION-	ander.		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the three TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CE	RTIF	ICATE				MENIAL N	EG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)			****					2 DATE OF	DEATH		VEAR	3. TIME OF DEATH
	Elmer LeRo								монтн.	rch"	7, 1	993	8 a.m. "
	187-10-2276	S. SEX 6.	AGE (In yrs. lest)	VRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, De Nov.	17,	1907	Country	PLACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give stree Baltimore Count		ospital				Location	ON OF DE			9c. COU	NTY OF DI Balti	ATH
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
		timore			Reis		stown						LIMITS?
FUNERAL	638 Cockeys Mil					101.	2113				10g. CIT		HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO		- If	yes, spe	city Cuba	F HISPANI n, Mexican Specify:	IC ORIGIN? (S	pecify Yes	or No—	14. RACE Black Specif	- American Indian, White, atc.
	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	16a. DECI	EDENT'S	USUAL OC	CUPATIO	N et of workin	a .	16b. KIN	D OF BUS	SINESS/INI	DUSTRY	
COMPLETED		College (1-4 or 5 +)	life. E	Do NOT us	et Me				She	et M	etal	Comp	any
	17. FATHER'S NAME (First, Middle, Lest) William Henry S	Shaeffer							May U				
BE	19a. INFORMANT'S NAME (Type/Print)	JAIGGT T CT	19b.	MAILING	ADDRESS	(Street ar			oute Number, C	-		n Codel	
٩	Betty Higgs		6	38	Cocke	ys l	Mill	Road	d, Rei	ster	stow	n, Mo	. 21136
	20e. METHOD OF DISPOSITION 1	I from State	20b. PLACE AN	D DATE OF OF	of Disposition of Dis	mete	neol	03/05	0ATE /93			city or Town	rn, Stata 1, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Dard	1		E	ckha	ardt		eral C				21117
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one cause	on each line.		not enter t	160s	Rei	ster	estown	or respi	ratory an	ings_rest,	Mills. Md. Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR PARK)	AS A CONSEQUENCE AS A C	IENCE OF	b	aio Ea	w. 9E	<u>.</u>					
	PART II. Other algnificant conditions of	ontributing to dea	ath but not res	suiting i	n the und	lerlying	cause g	iven in P	Part I. 24a	. WAS AN			WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									10	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
NA I	25. WAS CASE REFERRED TO MEDICAL					28. PL/	CE OF DE	ATH (Chec	ck only one)				
Sic	EXAMINER?	OSPITAL: Inpetient 2 - ER	/Outpatient 3	DOA	OTHER:	:			Other (Spi	eclfy)			
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Y		28b. TIMI INJ		28c. INJU WOR	RY AT		28d. OEŞCRIE		NJURY OC	CUREO	
	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At home (Specify)	e, term, s	treet, facto	ry, office			28f. LOCATION City or Tox	N (Street a wn, State)	ind Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C												and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Philes No T	Ricei		MT	>		29c. LICE	NSE NUME	DE		29d. DAT	E SIGNED	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	hillips	MD		Seo	Me	ain	4	P	147	4,	4d.	21/36
	31. DATE FILED (MARTH), Dey, Year)	32. REGISTRAN'S	SIGNATURE LA PARITURE	~~~	rplatic.								

proved the conded . 20 22

1 - STATE REGISTRAR		CERTIFIC			ENTAL HYGIEI REG. NO			
1. OECEOENT'S NAME (First, Middle, Last)			7112 01 1		2. DATE OF OEATH	<u>/-</u>	3. TIME OF DEATH	
Fleming	D.	Shaw			Februa	rv 18,	1993 1830	M
	SEX 6. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign	ign
579-40-1259	-XM 2 □ F	83 YRS. MOI	NTHS DAYS	HOURS MIN.	12 06 09		Country)	
9a. FACILITY NAME (If not institution, give stree			. CITY, TOWN OR	LOCATION OF OEA			Pennsylvan: Y OF OEATH	la
Lorien Nursing	Center			Colomi			7	
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY				Columb	na	I HC	ward	
	_		OWN OR LOCATIO				10d. INSIDE CITY LIMITS?	. 1
Md. Princ	ce George	's C	Clinton				1 TYES 2 X NO	0
			10f. 2	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
8503 Wendy Str				20735			USA	
1 Never Merried 2 Merried	2. WAS DECEDENT EVER FORCES? 1 TYES	3 2 ₩NO	13. WAS OECEN	NOENT OF HISPANIC Ify Cuben, Mexican,	ORIGIN? (Specify Ye Puarto Rican, etc.)	s or No— 1	I. RACE — American Indian, Black, White, etc.	
3 🙀 Widowed 4 🗋 Divorced	IF YES, GIVE WAR OR	OATES	1 TYES 2	NO Specify:			Specify:	
15. OECEOENT'S EDUCAT	ION	16a. OECEOENT'S USU	UAL OCCUPATION		16b. KINO OF BU	ISINESS/INOUS	White	
(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most	of working			ecurity	
12	5+	Engi	neer			gency	_	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	E (First, Middle, Maide			\neg
Grover Clevelar	nd Shaw		_ 1	Gladvs	Davies	,		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO AO	ORESS (Street and		ute Number, City or Tox	vn, State, Zip C	ode)	=
Margaret L. Mer	cilliott			10a1				
20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Remova	20	b. PLACE AND DATE OF O	SPOSITION (Name	Bol 2 _ 23 _ 0	19ATE 20c. L	DCATION — CI	y or Town, State	\neg
4 Donation 5 Other (Specify)	ce	Resurre	pracal			linto	n.Md.	- 1
21. SIGNATURE OF PUNENAL SERVICE LICEN	SEE		22. NAME ANO	AOORESS OF FACI	TYLee Fi	neral	Home Inc	
Joen B	ator Sol		0033	OTC ATE	exander	Ferry	Road	١ ١
			LULINT	on Md.	20735			
23. PART I. Enter the diseases, or corr	nplications that cause	ed the death. Do not o	entar the moda	on Md	20735 ss cardiac or resp	iratory srres		
23. PART /. Enter tha diseases, or com ahock, or heart failure. Lia IMMEDIATE CAUSE (Final	t only ona cause on	each line.	entar the moda	on, Md,	20735 se cardisc or resp	piratory srres	Approximate Interval Betw Onset and D	veen
immediate cause (Final disease or condition	npilications that cause it only one cause on	each line.	entar the moda	on , Md , 2	se cardiac or resp	viratory srres	Intarval Betv	ween eath
immediate cause (Final	SETS	A CONSEQUENCE OF):	entar the moda	on Md	se cardiac or resp	Piratory stres	Interval Betw Onset and D	ween eath
immediate CAUSE (Final disease or condition resulting in death)	SETS	each line.	entar the moda	on Md	20735 se cardiac or resp	elratory stres	Interval Betw Onset and D	ween eath
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata	DUE TO (OR AS	A CONSEQUENCE OF):	entar the moda	on Md	20735 se cardiac or resp	piratory screen	Interval Betw Onset and D	ween eath
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immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	entar the moda	on Md	20735 se cardiac or resp	piratory srres	Interval Betw Onset and D	ween eath
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immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the	entar the moda	a of dying, such	se cardiac or resp	4 AUTOPSY	Interval Betw Onset and D	Ween Pasth Section 1985
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32. REGISTMAR'S SIGNATURE

1993

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

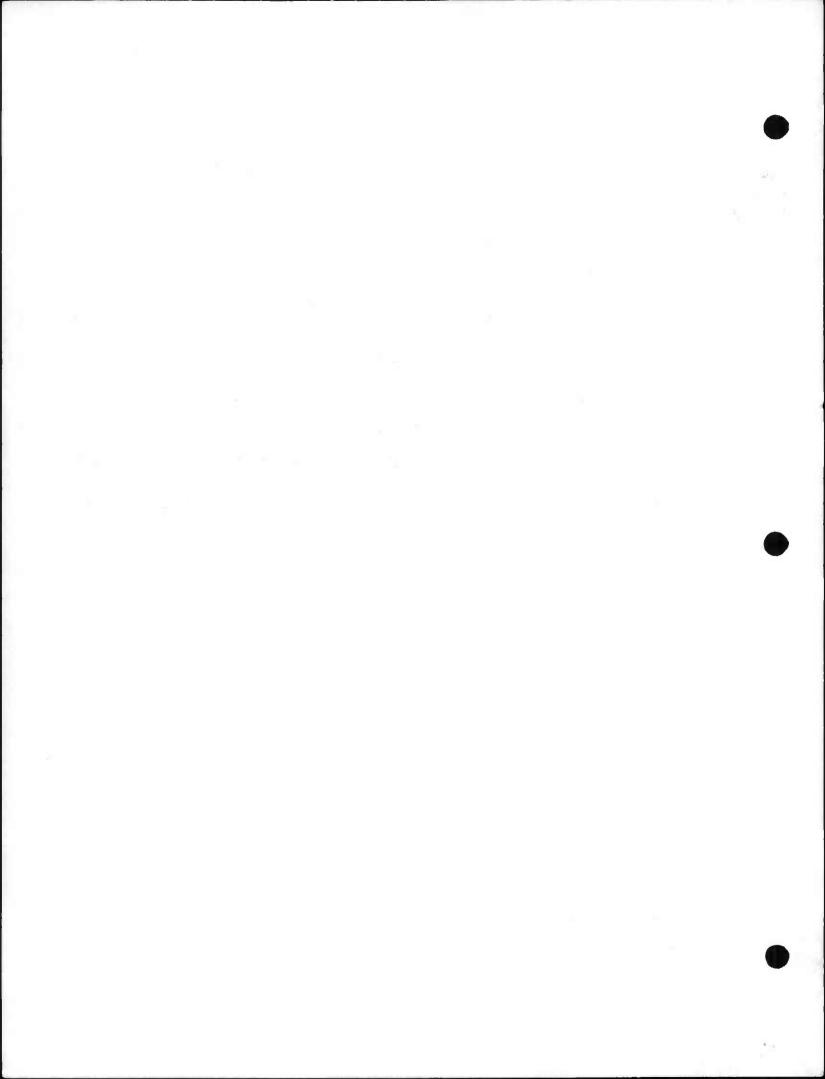
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be fluid within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

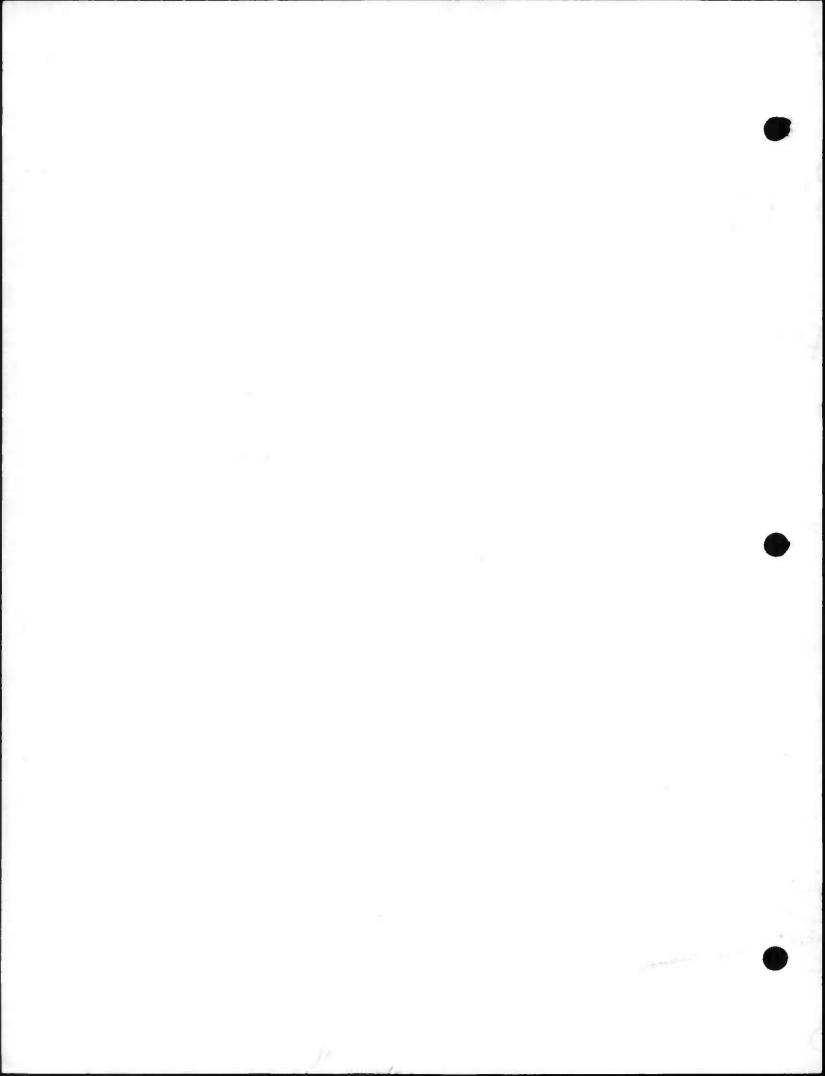
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	1,	D	ECE	DEN	T'\$	NAR

	1 - STATE REGISTRAR	STATE OF MAR			OF DEALT		MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	-			OI DEF			TE OF DEATH		-000	3. TIME OF DEATH
	WENDELL	GLENN	S	ΔΗΝΟ	FDC		MOI		7	YEAR Q 2	1 • 1 2 λ ^M
		S. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS.	7 DAT	E OF BIRTH onth, Day, Year)			IPLACE (State or Foreign
	010 10 0000		67 YRS.	MONTHS	DAYS HOURS	MIN.	10	/9/1925		III	inois
~	9s. FACILITY NAME (If not institution, give street			9b. CITY, 1	OWN OR LOCA	TION OF D	EATH		9c. COU	NTY OF D	EATH
P	LAUREL LAKES SI	HOPPING (CENTER LAUREL					PRINCE GEOR			E GEORGES
DIRECTOR	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION		_				10d. INSIDE CITY
	MARYLAND PRINCE	GEORGES	LAR	GO							LIMITS?
M	10e. STREET AND NUMBER				101. ZIP CO	DE			10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	9510 MERIKERN LAN	<u> </u>			207	72			U	.S.A	
5	11. MARITAL STATUS 1 Never Married, 2 Married	2. WAS DECEDENTYEVE FORCES? 1 1 1	R IN U.S. ARMED	13. W	AS DECENDENT	OF HISPA	NIC ORIC	IC ORIGIN? (Specify Yes or No. 14, F			E — American Indian, k, White, atc.
BY	3 Wildowed 4 Divorced	1/13/1944	- 10/20/1	948	YES 225 N	Speci	ήγ:	o 1110ani, 010a)	ľ		"BLACK
8	15, DECEDENT'S EDUCAT	TION	16a. DECEDENT'S	USUAL OCC				6b. KIND OF BUS	INESS/IND		
E	(Specify only highest grade con Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done du se retired.)	ring most of work	king				,001111	
NP.	3	YEARS	MACHI	NIST				PRIVAT	E		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MO	THER'S N	AME (First	, Middle, Maiden S	Sumame)		
BE	WENDELL SAUNDERS					SSIE					
9	19a. INFORMANT'S NAME (Type/Print)							mber, City or Town		_	
	HERLDLEEN RUSSELL 200. METHOD OF DISPOSITION				ERN LAI	ME I		,	2077		
	1 X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		ARYLAND V			राप्टर		72 CHE	אסודא: דעריבוירי	City or To	WADVI AND
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	INCITED VI	22. N/	ME AND ADDR	ESS OF F	ACILITY.	20 CIII		irani,	MARTINA
	Kumberly	Busco	e	74	74 T ANT	~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	J.B	. JENKII	NS FI	UNER.	AL HOME
	23. PART il Enter the diseases or con										20785
	iMMEDIATE CAUSE (Fine)	DUE TO (OR A	each line.								interval Between Onset and Death
		DUE TO (OR A	S A CONSEQUENCE OF	FI: /	1 /		2	7			
NO	Sequentieily list conditions, b.	Hyper	S A CONSEQUENCE OF	Cara	tid-Va	ocul	ar	Disee	uer		
AT	cause. Enter UNDERLYING	99910 (011 1	S A CONSEQUENCE OF	·):							i I
E I	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	F):							<u> </u>
CERTIFICATION	resulting in death) LAST										
	PART II. Other algnificant conditions of	ontributing to deati	but not resulting i	n the und	eriving ceuse	alven in	Part i	24s, WAS AN	MITTOREY	245	WERE AUTOPSY FINDINGS
ICAL					,			PERFORI	WED?	1 240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MED								X YES 2	U NO		OF DEATH?
ä										İ	VAL 123 2 LINO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			26. PLACE OF	DEATH (C/	neck only	one)			
YSE	1 X YES 2 □ NO 1	☐ Inpatient 2 ☐ ER/O	utpetlent 3 DOA	OTHER:	g Home 5 🗆 f	Residence	6 X Ott	ner (Specify) S	HOP	PINC	G CENTER
표	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJUR (Month, Day, Yea		E OF 2	Bc. INJURY AT WORK?		28d. D	EŞCRIBE HOW IN	JURY OCC	CURED	
Bd	2 Accident Investigation				1 YES 2	□ NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, s (pecify)	dreet, factor	y, offica		28f. LC	CATION (Street ar by or Town, State)	nd Number	or Rural R	loute Number,
Li,	29s. CERTIFIER										
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my kn On the basis of examina									
	296. SIGNATURE AND ATTLE OF CERTIFIER	0 4						te sito piace, eno			
8	Denni	L Chur	tomo			C.M					(Month, Day, Year) 7 — 9 3
2	30. NAME AND ADDRESS OF PERSON WHO C					_	-				
	DENNIS J. CHUTT	M.D.	111 P	ENN S	ST. BA	LTI	MOR	E,MD.	212	01	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI					-				
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	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR		STATE OF N	AARYI A	ND /	NEDADTI	WENT (NE M	IEAITU /	AND B	ENTA	LUVC	ENE	00	01224
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First		SIAIL OF I	MANTEA	CE	RTIFIC	ATE	OF	DEAT	H		REG.	NO.		
	MOLLY	c	Me	15	E	ERT	56	1			2. DATE	OF DEAT	7 19	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 536-09-3104		5. SEX	6. AGE (In	yrs. lage		F UNDER 1 Y	EAR AYS	IF UNDER 2	MIN.	7. DATE	07-1	918 ·	de Cou	THPLACE (State or Foreign only) shington
_	9a. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH								
ЕСТОЯ	SO MANY AND HOSPITAL CHINION 1.								. 6	eorbes					
DIRE	Morray on d	Princ	v ce George	25	10c. CITY, TOWN OR LOCATION Laurel									10d. INSIDE CITY LIMITS? 1 YES 2 NO	
RAL	Maryland 100. STREET AND NUMBER							101	. ZIP CODE						WHAT COUNTRY?
UNEF	11101 Scaggsville Road 20707 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Ves. 2 No 14. RACE - American India Plack, White, etc. 15. Was December of Hispanic Origin? (Specify Yeas or No 14. RACE - American India Plack, White, etc. 15. Was December of Hispanic Origin? (Specify Yeas or No 14. RACE - American India Plack, White, etc. 15. Was December of Hispanic Origin? (Specify Yeas or No 15. Was December of Hispanic Origin? (Specify Yeas or No 15. Was December or No 15. Was December of Hispanic Origin? (Specify Yeas or No 15. Was December or No 15. Was Decem														
BY F	1 Never Married 2 3 Wildowed 4 Divo	FORCES? 1	WAR OR DATES 1 ☐ YES 2 ☐ NO Specify: Specify: 16a DECEDENT'S USUAL OCCUPATION 16b MAND OF BUSINESS (MINDLESS)					ocity: White							
ETED		EDENT'S EDU ly highest grade 0-12)			(G/v	re kind of wor. Do NOT use r	k done dun etired.)	ng mo	ON ist of working					NDUSTRY	
OMPL	12th grad				Buc	dget A	naly	st					nment		
ПС	Frank Morris								Anna		rri:		iden Surname)		
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Ste R.D. #2 Box 251 Middleburgh, New						Town, State, 2	Zip Code)	12122							
	204, METHOD OF DISPOSIT	ION	count from State		LACEA	NDDATEOF	DISPOSITION	ON (Na	ame of		DAT	_	LOCATION -		
1 Description 3 Removal from State 4 Donation 5 Other (Specify)						Y	_			3/9:	3 G	arrisc	n Fo	orest, MD	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE J.B. Jenkins I 7474 Landover Rd. Landover, 23. PART . Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory and shock, or heart failure. List only one cause on each line.															
CERTIFICATION	immediate cause (Fidelesse or condition resulting in death) Sequentially list condit if any, leading to immediates. Enter UNDERLY CAUSE (Disease or injuitat initiated events resulting in death) LAS	dions, diate iNG	bDUE TO		CONSEQUE	UENCE OF):	ic é	L	rde	bla		ink	er a	lis	Interval Betwee Onset and Deat
MEDICAL	PERFORMED? 1 YES 2 HO AMAILABLE PRIOR 1 COMPLETION OF CA							Nb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN:	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:		and the same of th		THER:	26. PL	ACE OF DE	ATH (Chec	ck only or	ne)			
PHYSI	1 THES 2 NO		1 Inpatient 2 28s. DATE OF		lent 3		☐ Nursing		URY AT				O YRULNI WC	CCURED	
ВУ Р		Pending Investigation	(Month, D			INJUR	M	۷0 ۱ 🔲 ا	YES 2						
ETED	3 Suicide 6 4 Homicide	28e. PLACE O building,	F INJURY — etc. (Specify	- Al hon	ne, farm, stre	et, factory	, office	•			or Town, S		er or Run	If Ploute Number,	
COMPLE			CIAN: To the bast of												e(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	R -7//	0					29c. LICEN	-00	and arrive				ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEAT	H (ITEM	1 27) (Type, Pr	int)	01	J DA	2	14	Phy	J.	el	171993 20772
	31. DATE FILED (Month, Day,	Year)	2 32. REGISTRA	H'S SIGNAT	URE					1			1	1)	00//2
	FEB 2 2 199	15	runa viendos	an-Mar	INCOR	_									



FLORENCE LOUISE SPICKNALL 4. SOCIAL SECURITY NUMBER 213-38-1688 5. SEX 6. AGE (in yrs. lesi birthdey) 9a. FACILITY NAME (if not institution, give street and number) Good Samaritan Hospital Hesidence of decedent 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MONTH DAY F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Ybar) 04/27/1910 8. BIRTHPLACE (County) Mary 1. 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore Baltimore 10d. INI. 10	City INSIGE CITY LIMITS? YES 2 \(\) NO
4. SOCIAL SECURITY NUMBER 213-38-1688 1 M 2 F 82 9a. FACILITY NAME (If not institution, give street and number) 5 PICKNALL 6. AGE (in yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) O4/27/1910 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	City City Indice city Lindi
213-38-1688 1 M 2 PF 82 YRS. MONTHS DAYS HOURS MIN. (Month, Day War) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	City City Inside city Limits? Yes 2 □ No
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	City INSIGE CITY LIMITS? YES 2 \(\) NO
ACCOUNT OF DEATH	City NSIGE CITY LIMITS? YES 2 NO
10e. STATE	LIMITS? YES 2 NO
Maryland Baltimore City Baltimore 100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT CO 21212 U.S.A.	YES 2 NO
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11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGINA (Specific Veg or No. 14. BACE. Ann.	
	merican Indian, ita, atc.
1 Widowed 4 Divorced	sian
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 5+ Administrator 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Education 17. FATHER'S NAME (First, Middle, Last)	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)	
12 5+ Administrator Education	
10. MECOMANT'S MANE (TOUTH)	
O I TO THE STATE OF THE STATE O	20906
20s. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Algoridation of Date of Decision)	
1 M Buriel 2 Cremetion 3 Removal from State 4 Donalion 5 Dother (Specify) Fort Lincoln Cemetery 2/23/93 Brentwood, Mary	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, H	
Francis Gasch's Sons Funeral Home, F 4739 Baltimore Ave., Hyattsville, MD	yland
4739 Baltimole Ave., hyattsville, MD	P.A.
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest.	P.A. D 20781
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BALTIMORE, MARYLAND 21215-0020	d within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	impletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit,
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	1 - STATE OF MAR' REGISTRAR	YLAND / DEPAR CERTIFI	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	-		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	MOLCY SWITH 4. SOCIAL SECURITY NUMBER 5. SEX 8. AV			2 19	93/08 PM
- 8	411-56-8637 10 M2 HTF	SE (In yrs. last birthday) S 9 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 10,19	8. BIFTHPLACE (State or Foreign Country) SOUTHCAROLINA
B	98. FACILITY NAME (If not institution, give street end number) HOLY CROSS HOSPITAL		96. CITY, TOWN OR LOCATION OF C SILVER SPRING	DEATH	9c. COUNTY OF DEATH
5	RESIDENCE OF DECEDENT				MONTGOMERY
DIRECTOR	N/A N/A N/A		ASHINGTON, DC		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
JNE.	465 MELLON ST. S.E. #2 11. MARNITAL STATUS 12. WAS DECEDENT EVE	DIN IIS ADMED	20032	ANO ODICIED MARKET	USA
BY FL	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OF	ES 2 X NO	If yes, specify Cuban, Mexic 1 YES 2 X NO Speci	en, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATION ork done during most of working	16b. KIND OF BUS	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 12th	IHe. Do NOT us	e retired.)	777	
OME	17. FATHER'S NAME (First, Middle, Last)	ADMINIS.	TRATIVE SECRETA	RY GO AME (First, Middle, Maiden 5	VT.
BEC	CLARENCE SMITH			LA COATES	na rearra)
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural		, State, Zip Code)
-	MICHAEL B. SMITH	1257			S AFB N.D. 58204
	20a_METHOD OF DISPOSITION 1 \(\subseteq \text{Burlet} \) 2 \(\subseteq \text{Cremation} \) 3 \(\subseteq \text{Removal from State} \) 4 \(\subseteq \text{Donation} \) 5 \(\subseteq \text{Other (Specify)} \)	20b. PLACE AND DATE Of completery, crematory or of	F DISPOSITION (Name of DEN CEMETERY		ATION City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	TI. LING	22. NAME AND ADDRESS OF F	ACILITY	NTWOOD, MARYLAND
	Suawara & Su	exton		KINS FUNERA	L HOME VER, MD 20785
	23. PART i. Enter the diseases, or complications that cau shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR A	each line.	ot enter the mode of dying, su	ch as cardiac or respir	story arrest, Approximate interval Between Onset and Death 5 4/85
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	S A CONSEQUENCE OF):		
AL.	PART II. Other aignificant conditions contributing to deat	but not resulting in	the underlying cause given in	Part I. 24a. WAS AN /	
PHYSICIAN: MEDIC	HTLV-1 VIRUS F	WFECT	ED	1 _ YES 2	COMPLETION OF OWNER
M					1 TES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
VSIC	EXAMINER? 1 YES 2 INO HOSPITAL: 1 Inputer 2 ER/C	Putpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence	6 Other (Specify)	
표	27. MANNER OF DEATH 28a. DATE OF INJUI (Month, Day, Yea		JRY WORK?	28d. DESCRIBE HOW IN	JURY OCCURED
В	2 Accident Investigation	JRY — At home, farm, s	M 1 YES 2 NO	261 LOCATION (Street at	nd Number or Rural Route Number,
TED	4 Homicide determined building, etc. (S	Specify)	,	City or Town, State)	na manuser of marker model manuses,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kr one) 2 MEDICAL EXAMINER: On the basic of examiner				
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	All the state of t	29d. DATE SIGNED (Month, Day, Year)
TO BE	Stypher P. Stool a	MD	0182	219	2-19-93
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF 8300 CORPORATE		Print) FWDOUER	UD 20	785
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S				-

1 - STATE REGISTRAR		SIAIE UP M				OF HEALTH AND	MEN	ITAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First, M	liddle, Last)							DATE OF DEATH		YEAR	3. TIME OF DEATH	
Johnnie	D.	SMITH					F	EB. 20.			02:45 A M	
4. SOCIAL SECURITY NUMBER 215-70-1662		1 🔀 M 2 🗆 F	6. AGE (In yr.	s. lest birthday) 5 YRS.	MONTHS 0	/EAR IF UNDER 24 HRS. DAYS HOURS MW.	S. S.	Month, Day, Year) EPT 25,	195	8. BIRTI Count 7 F	HPLACE (State or Foreign TORIDA	
90. FACILITY NAME (If not institute to the property of the pro	MUNITY		L			OWN OR LOCATION OF I	DEATH		2.10	NCE	GEORGE 'S	
	0b. COUNTY	CE GEORGE	i'S		APITO	LOCATION L HEIGHTS					10d. INSIDE CITY LIMITS? 1 VES 2 NO	
100. STREET AND NUMBER 1213 BOONE	HILL	ROAD		•		101. ZIP CODE 20743			_	USA	WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married Married			□ (40	lf y		TOF HISPANIC ORIGIN? (Specify Yes or No					
15. DECED (Specify only h Elementary/Secondary (0-12	Flamentary(Secondary (0-12) College (1.4 or 5.1)			Itle. Do NOT us	vork done duri e retired.)	SUAL OCCUPATION (c) done during most of working elevel.) 16b. KIND OF BUSINESS/INDUSTRY						
					5 MAINA	AGEMENT		PVI	•			
17. FATHER'S NAME (First, Midd R.D. SM)	ITH, S	SR.				TI	SHI:	irst, Middle, Maiden E BELL I	EWIS			
19a. INFORMANT'S NAME (Type R.D. SM)		JR.				Street and Number or Rura R PARK DR.					20746	
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 4 Donation 5 Other (S)	3 🗌 Remo	val from State	20b. PLA	CE AND DATE OF	prosposition therefore MEMC	ON (Name of ORIAL PARK		7.55	CATION —			
21. SIGNATURE OF FUNERAL S	SERVICE LICI	ENSEE	0			ME AND ADDRESS OF F	ACILITY	Υ			a 1 anus	
Juan	ake	a X.	BU	2Nto	1 -45							
· · · · · · · · · · · · · · · · · · ·				- 101 -	1 74	74 LANDOVE	RRI	D. LANDO	VER.	MD	20785	
23. PART I. Enter the dise shock, or hea	eses, or co	omplications that	ceused the	desth. Do n		74 LANDOVE					Approximate	
23. PART I. Enter the dise shock, or hea IMMEDIATE CAUSE (Final disease or condition resulting in death)	rt fallure. L	omplications that let only one caus	coused the	desth. Do n								
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snock, or neal small sease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, b	DUE TO (1	OFF AS A COM	SEQUENCE OF	ot enter the	e mode of dying, su	n Part	L. 24s. WAS AN PERFOR	AUTOPSY MAED?	um.	Approximate interval Between	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ª nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

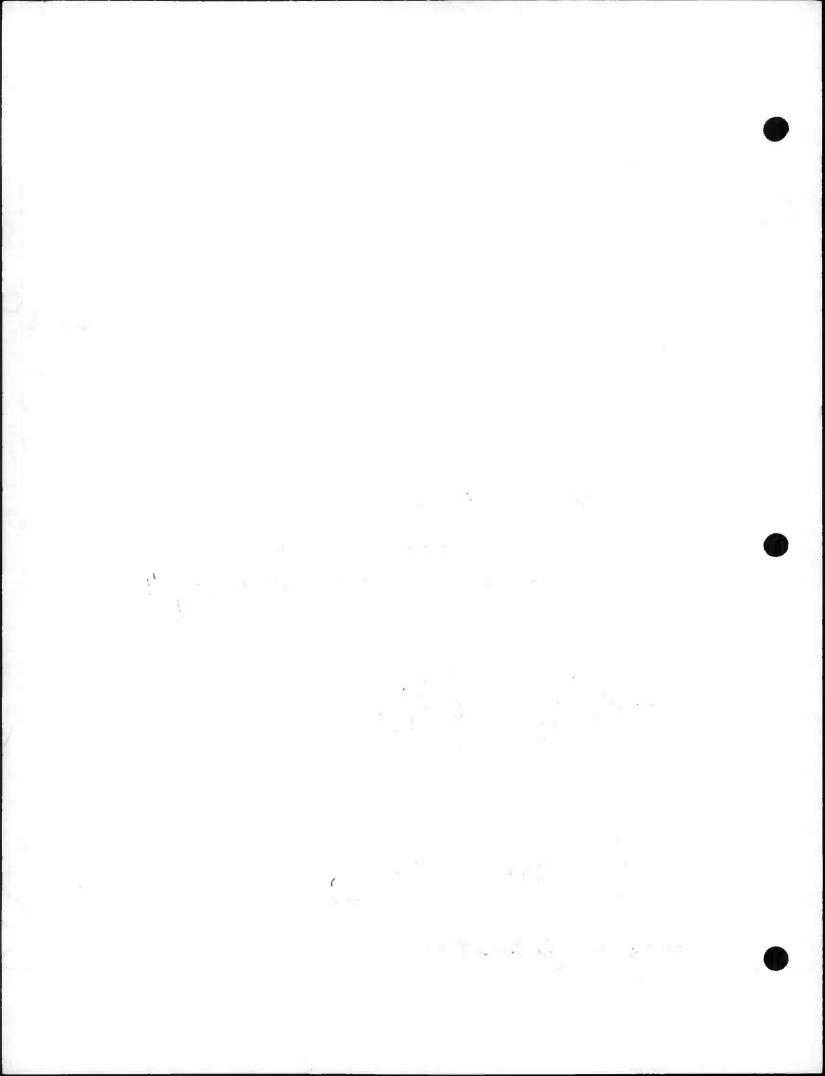
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FEB 2 4 1993

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

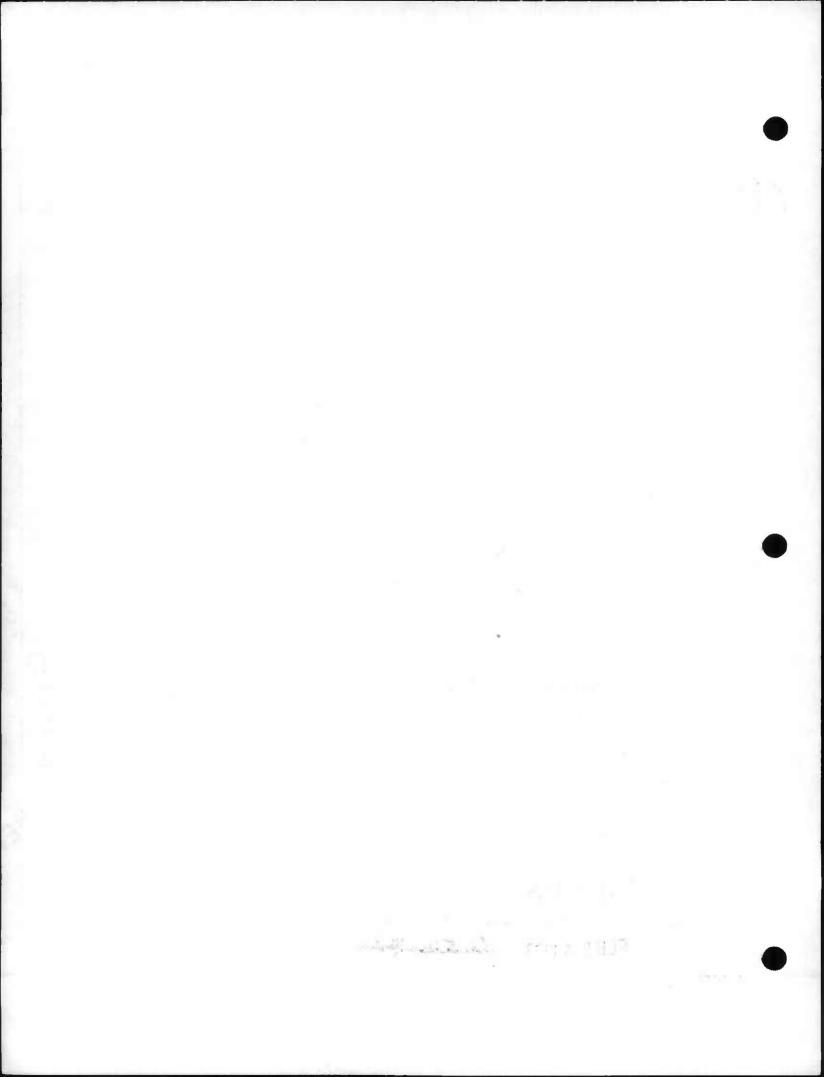


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	QUINTINO	J. SERENA	TI			FEBRUARY	19 93					
	00/ 00 00/0	5. SEX 6. AGE (Ir	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-16-1912	B. BI	RTHPLACE (State or Foreign bundry)				
_	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUNTY O					
DIRECTOR	PRINCE GEORGE'S HO	OSPITAL CENT		CHEVER			PRINCE	GEORGE'S				
		George's	100	town on Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	10a. STREET AND NUMBER			101	20721			OF WHAT COUNTRY?				
S	3707 Church Rd.	RITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				IIC ORIGIN? (Specify Yes		d States				
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF VES GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: No Specify: No Specify: White						
回	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSH						SINESS/INDUSTR	Υ				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) S+ General Surgeon U.S. Gove						Governme	ent				
00	17. FATHER'S NAME (First, Middle, Last) Anthony C. Serena					ME (First, Middle, Maiden						
H	19a. INFORMANT'S NAME (Type/Print)		Table Mall INC.	DDDESS (Owner		ephine DiVe						
2	Leslie Serenati Ca		3707	Church	Rd. Mitc	hellville	Md. 20	721				
	20a. METHOD OF DISPOSITION P∑Suriel 2 ☐ Cremetion 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	ral from State 20b.	PLACE AND DATE OF			DATE 200. LO	CATION — CHy o	r Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICES	NSEE	0	22. NAME AN	D ADDRESS OF FA	duny Juneral Hon	no P A					
	Robert E.	Elam	Tres.	16000	Annapol	is Rd. Boy	vie Md.					
	23. PART I. Enter the disesses, pr cp shock, or heert failure. Li IMMEDIATE CAUSE (Finel	mplications that caused lat only one cause on ee	the death. Do no ch line.	ot enter the mo	de of dying, suc	h se cardiac or respi	ratory arreat,	Approximate Interval Between Onset and Death				
	disesse or condition resulting in death) e.	QUE TO (OR AS A	CONSEQUENCE OF	. 1								
NO	Sequentially list conditions, b.	(buse)	the	- Vel	~ Di	unie						
CATI	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	DUE TO (OR AS A	CONSEQUENCE OF)									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:								
	PART II. Other significent conditions	contributing to death by	t not requising in	the analysis	annes atoma to	Deat la language						
DICAL	Schup No lea	- Orday	it not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDIC		' 0						1 TES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			00.04	AGE OF BEATH ON							
SICI	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)						
¥	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		28d. DESCRIBE HOW I	NJURY OCCURED)				
BY	Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	ES 2 NO							
COMPLETED	3 Suicide 5 Could not be 4 Homicide datermined	28s. PLACE OF INJURY - building, atc. (Specif	— At home, farm, st	reet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,				
PLE	29a. CERTIFIER Check only	AN: To the best of my knowle	rdge, death occurred	at the time, date	and place, and due	to the cause(s) and mar	mer as stated.					
S S	0	On the basis of examination	end/or investigation	, in my opinion, d	eath occured at the	time, data and place, an	d due to the cau	ee(s) and menner as stated.				
BE	296. SEMATURE AND/TILE OF CERTIFIER	8	ing		29c. LICENSE NUN	DG (29d. DATE SIGN	NED (Month, Day, Year)				
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)	4 M	LANGE	yn M	2 20206				
	31. DATE FILED (Magn) Day Year) FEB 2 4 199	32. REGISTROR'S SIGNA	TURE	dell	7 / 7							
	*ED 6 4 19:	ab Jan	Wilder State of State									





		FOR
1	_	STATE
		REGISTRAR

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF HEALTH A	ND MENT	AL HYGIENE REG. NO.	•	0122		
1. DECEOENT'S NAME (First, Middle, Lest)			THE OF BEATT	2. DA	TE OF DEATH		3. TIME OF OEATH		
CHARLES	SMITH			0	2 13	93	EAR 4PM M		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		F UNDER 1 YEAR F UNDER 24	/4.4	TE OF BIRTH	8.	BIRTHPLACE (State or Foreign		
578-60-1360	1 × M 2 F	46 YRS.	ONTHS DAYS HOURS I	m. (MC)	1 28	1.7	istrict of Col		
9e. FACILITY NAME (If not institution, give a	street and number)	94	b. CITY, TOWN OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH		
PRINCE GEORGE	S HOSPITAL	CENTER	CHEVERLY	(PRI	NCE GEORGES		
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	v			-			γ		
			OWH OR LOCATION				10d, INSIDE CITY LIMITS?		
Md Princ	ce Georges	I Hyat	tsville			1 VES 2 NO			
			10f. ZIP CODE			10g. CITIZE	OF WHAT COUNTRY?		
3422 - 55th Aven	12. WAS DECEDENT EVE	D BLUG ADMED	1 20784			U.S.			
1 Never Married 2 Married	FORCES? 1 YE	S 2 NO	13. WAS DECENDENT OF I	dexican, Puerl		or No- 14	. RACE — American Indian, Black, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 X NO	Specify:			Specify:		
15. DECEDENT'S EQU	CATION	16a. OECEDENT'S US	UAL OCCUPATION	- 1	6b. KIND OF BUS	INESS/INDUS	Black		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during most of working stired.)						
12	conege (1-4 of 5+)	Sales F	Representativ	10	Drivato				
17. FATHER'S NAME (First, Middle, Last)		1 30163 1			t, Middle, Maiden S	Sumama)			
Robert Smith						,			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street and Number or		Smith	State Zio Co	cio)		
Sarah Smith									
20a, METHOD OF DISPOSITION	1.	PLACE AND DATE OF	enn Street N.				or Town, State		
1 M Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		emetery, cremetory or other	place)	1					
21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	2/26/93	lenwood Cem.		26 Was	ningto	in_D.C.		
X YM	() (/	1			.M. Dud	lev Fu	ım Home		
101111	Nustle	ey	3200 Rhode	Islan	d Ave M	t Rain	ier Md		
23. PART I. Enter the diseases, or shock, or heart fallure.	complications that cause on List only one cause on	sed the death. Do not	enter the mode of dying	, such as ca	ardiac or respir	ratory errest	Approximate Interval Between		
IMMEDIATE CAUSE (Finel		B=1 0=05	2.0	0			Onset end Death		
disease or condition resulting in death)	Devere	Tatracran	nal Blee	d / /	lassing	.)			
	DUE TO (OR AS	S A CONSEQUENCE OF):				/			
Secure Helly Het sendhiose	a Severe	Coagu	ies cerrh						
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	A CONSEQUENCE OF):							
CAUSE (Disease or Injury	a End-R	age Lu	us cerch	ores	~				
that initiated events	DUE TO (OR AS	S A COMSEQUENCE OF):							
resulting in death) LAS!	d. Chron	ie Hepa	titis C						
PART II. Other significent condition	ns contributing to deeth	but not reculting in t	the underlying cause give	en in Part I	24a. WAS AN	urmpey	24b. WERE AUTOPSY FINDINGS		
	_				PERFORI		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
					1 TYES 2	E NO	OF DEATH?		
							1 TYES 2 1 10		
25. WAS CASE REFERRED TO MEDICAL			20 BY 105 OF ACU	MI 400					
EXAMINER?	HOSPITAL:		26. PLACE OF OEAT			-			
1 YES 2 AFO	1 Inputient 2 I ER/O		☐ Nursing Home 5 ☐ Resid						
1 Natural 5 Pending	(Month, Day, Year		Y WORK?		EŞCRIBE HOW IN	JURY OCCUR	BED		
2 Accident Investigation			M 1 YES 2 N						
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	RY — At home, farm, stre- pecify)	et, factory, office	28f, LC	DCATION (Street as by or Town, State)	nd Number or	Rural Route Number,		
			at the time, date end place, an						
one) 2 MEDICAL EXAMINE	:R: On the basis of examina	tion end/or investigation, i	in my opinion, death occured	at the time, de	eta and place, end	due to the c	ause(s) and manner as stated.		
296. SUGHINTURE AND TITLE OF CERTIFIE	A P N	ED RESIDE	29c. LICENS	E NUMBER		29d. DATE S	GNED (Month, Day, Year)		
Meddins	mo >	CUIRESIDE	0-4	-327	7	D 2	16 193		
30. NAME AND ADDRESS OF PERSON WA	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	int)				-/		
ROBERTO MART			PITAL, CHE	VERL	4 IMI	2 2	0786		
FEB 2 5 1993	32. REGISTRAR'S SH								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

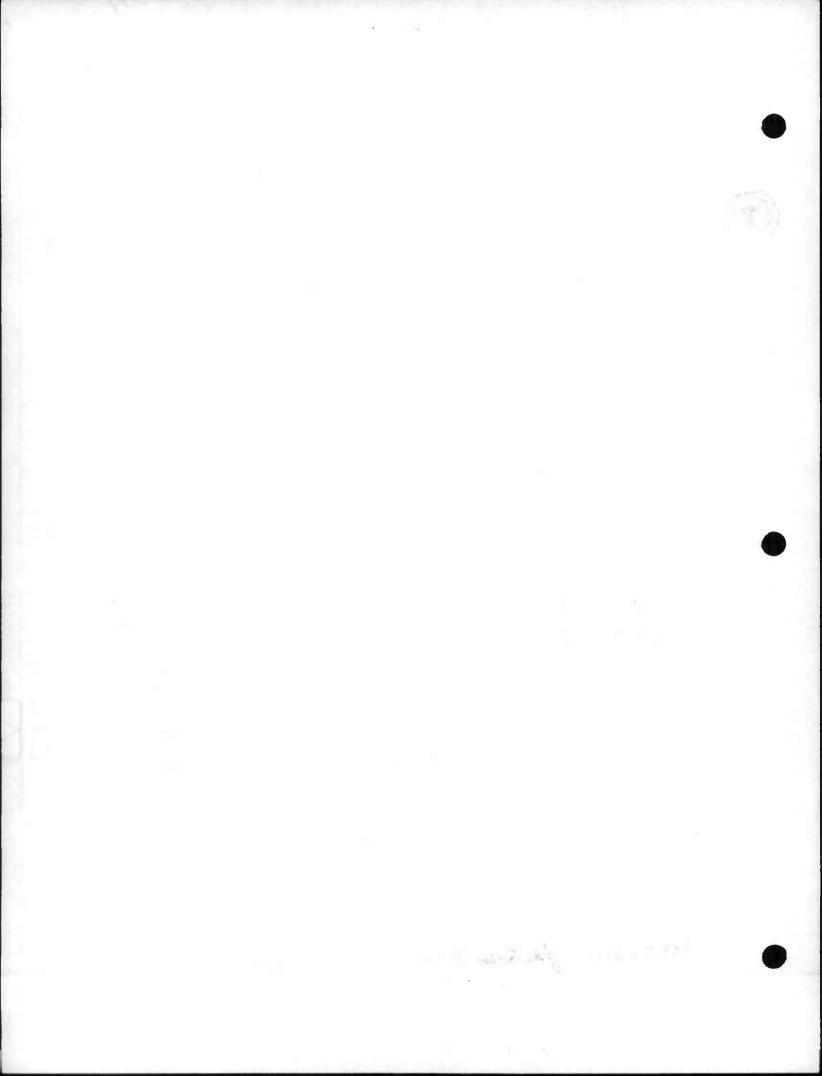
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev



BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

L DIRECTOR: After the Phours after death w

TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 M IMPORTANT: If It

COMPLETED

BE

2

3 Suicide

4 Homicide

6 Could not be

bunal-1

once.

BALTIMORE, MARYLAND 21215-0020

Ħ notified 9 must examiner medicai the event, traumatic other 0 shows any injury, marked,

07230 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH "0'3'/02/93 YEAR Howard Odell Stevens, Sr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 11/28/02 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 170-32-2280 1 M 2 | F MONTHS DAYS HOURS Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Chesapeake Manor Nursing Home FUNERAL DIRECTOR Arnold Anne Arundel RESIDENCE OF DECEDENT MO STATE Anne Arundel ALTOLO 10d. INSIDE CITY LIMITS? 1 YES 2 NO 104. STREET AND NUMBER College Parkway 10f. ZIP CODE 1012 WHAT COUNTRY? CHIZEN OF 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Curiff, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AP 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced ^{so}Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

170 ham kind of work done during most of working 15. DECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Retired Attorney Law 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Charles Henry Stevens Mary Jane McKee BE 19a, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Howard O. Stevens Jr. 228 Wiltshire Lane Severna Park MD 21146 20a. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Oak" Spring Cemetery Canonsburg, PA 4 Donation Other (Specify) FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 495 RITCHIE HWY. rranco Funeral Home Severna Park MD 21146 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. Liet only one cause on each line. Approximete Intervei Between IMMEDIATE CAUSE (Fine) Onset and Death disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in MEDICAL underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA 27. MANNER OF DEATH 25a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

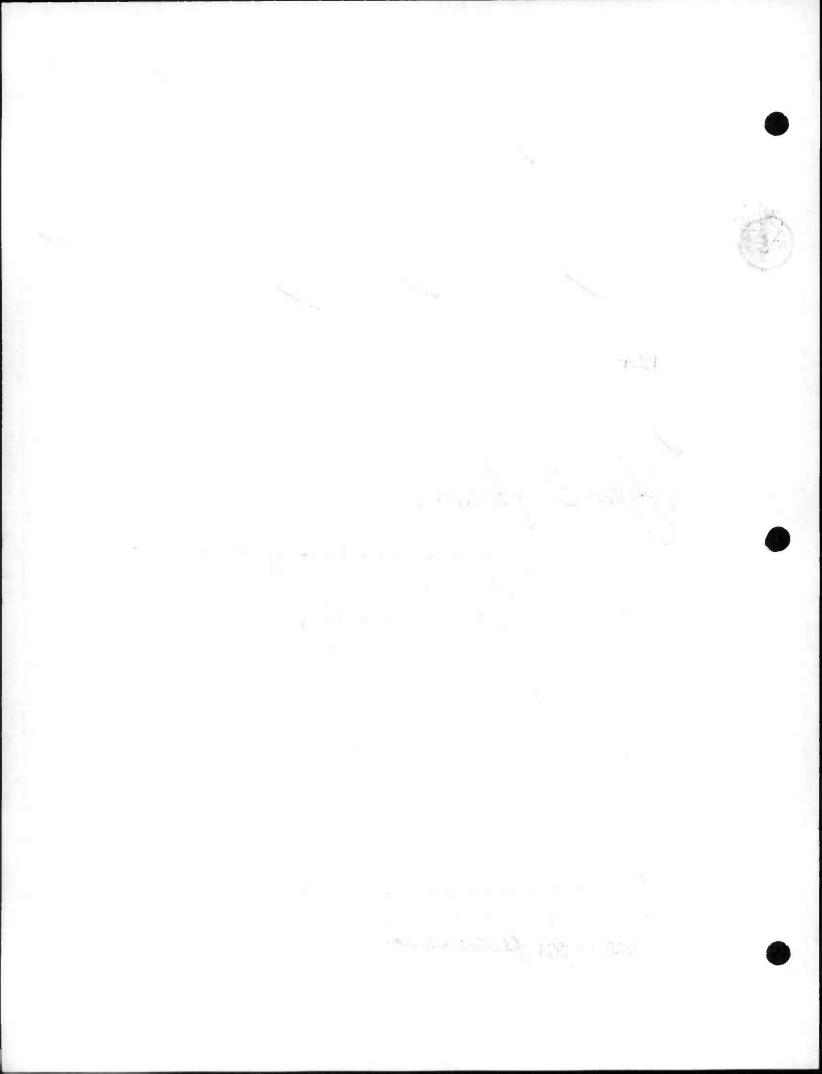
0 un ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM-27) (Type, Print)

Sula rd

28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

21012

LOCATION (Street and Number or Rural Route Number, City or Yown, State)

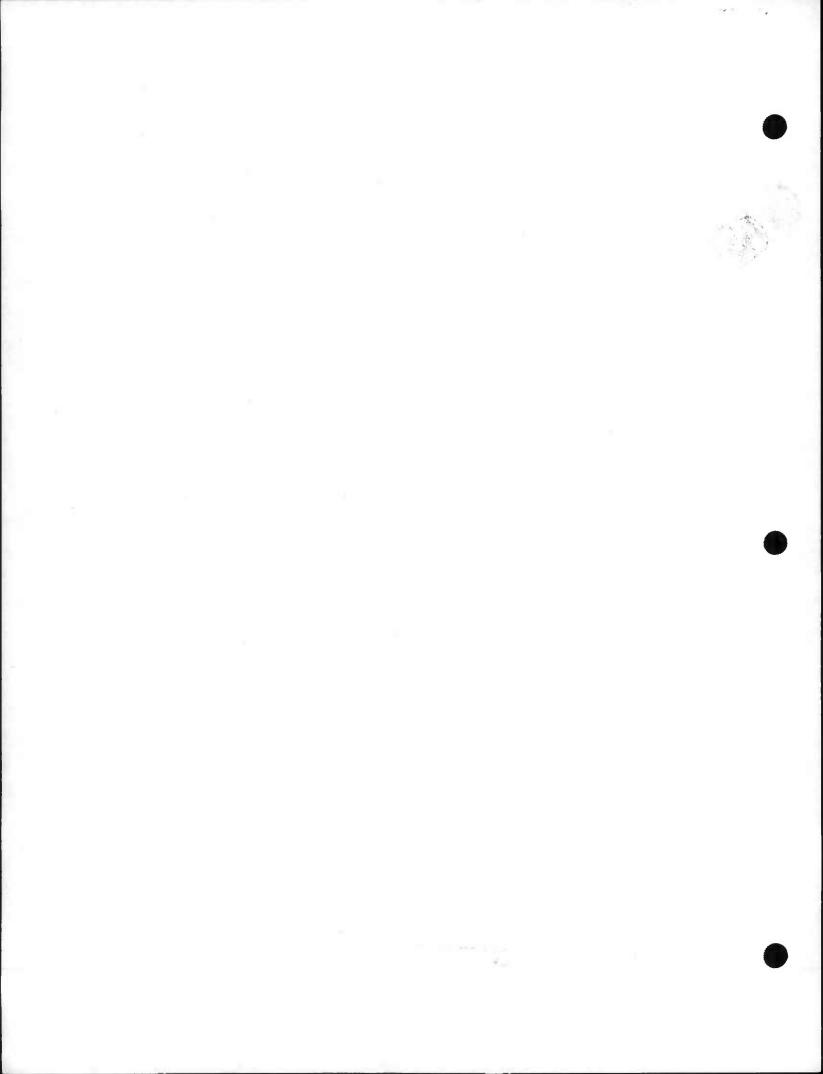


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	020	hay be retained by the hospital or attending physician.	page 5 should be detached for use as the burial-transit permit
	215-0	attending	se as the
	212	ital or	d for us
	ANE	he hosp	detacher
	Y	5	pe
	7E, MARYLAND 21215-0020	retained	5 should
	Ë,	nay be	page

O. BOX 68760, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or

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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
3	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	"LL d	3. TIME OF DEATH							
1	4. SOCIAL SECURITY NUMBER	5. SEX / 6. AGE	(In yrs, last birthday)	UNDER 1 YEAR	05-0	8. BIRTHPLACE (State or Foreign					
1	220-09-8492	1 - M 2 F F			(Month, Day, Year)	5/03 Maryland					
	9a. FACILITY NAME (If not institution, give str	('		CITY, TOWN OR LOCATION							
DIRECTOR	Baltimore County General Hospital Randallstown Balder										
H.	10s. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION		-	10d. INSIDE CITY LIMITS?				
		ltimore		Reistersto	wn	1 YES 2 NO					
\¥	10a. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	8 South Lake Wa			2	1136	USA					
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES		If yes, specify Cuban, it	ISPANIC ORIGIN? (Specify Yolexican, Puerto Rican, etc.)	s or No- 14	. RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES 2 TYNO	Specify:		Specify: White				
	15. DECEDENT'S EDUC	ATION	16a, DECEDENT'S USL	IAL OCCUPATION	16b. KIND OF BI	ISINESS/INDIES					
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)		done during most of working	1000 10115 01 51	701112007111000					
AP.	H.S.	,	House	vife							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	'S NAME (First, Middle, Maide	Sumame)					
BE (Harry T. Conley			Ann	ia B. Ward						
2	194. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or			-				
-	Robert T. Smith		720 Vel	vet Run Ct.	Westminst	er, Md.	21157				
	20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	oval from State CAR	PLACE AND DATE OF D	SPOSITION (Name of place)	DATE 20c. L	OCATION — City	y or Town, Stats				
	4 Donation 5 Other (Specify)	<i>\U</i>	ruid Ridge	Cemetery 3		resvill	le, Md.				
	1. //-	O O.		22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd.							
	Eline Funeral Home Reisterstown, Md. 21136										
	23. PART I. Enter the diseases, pr co shock, or heart failure. L	omplications that ceused	d the death. Do not a	enter the mode of dying,	such as cardiac or resp	piratory errest	t, Approximate Interval Between				
	IMMEDIATE CAUSE (Finel	1.8	4 4 2	Δ	٠		Onset and Death				
	resulting in death)	Meta	dolic	Acid	ofes						
		DUE TO (DR AS A	conseduence of:								
NO I	Sequentially list conditions,		CONSEDUENCE OF:	much							
¥	if any, leading to intraediate cause. Enter UNDERLYING	Rom	0 1 00	110110			İ				
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A	CONSEDUENCE OF:	2 1 -							
CERTIFICATION	resulting in death) LAST	. Int	eslen	al obsi	ruction						
	PART ii. Other significant conditions	contributing to death b	ut not resulting in th	ne underlying cause give	n in Part i. 24s, WAS A	VARITTORY	24b. WERE AUTOPSY FINDINGS				
CAL	Lungh	am a		dividentifung dadde give	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE				
MEDIC	Cala	ic nic	0.0		1 _ YES	2 No	OF DEATH?				
	Collin		73				1 TYES 2 ND				
M	25. WAS CASE REFERRED TO MEDICAL	/		28. PLACE OF DEAT	H (Check only one)						
SICIAN	EXAMINER?	HOSPITAL:		HER: Nursing Home 5 Reside	ence 6 Other (Specify)						
PHY	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	NED				
ВУ	1 Netural 5 Pending 2 Accident Investigation	(MONI), Day, Ibary	INJURY	M 1 YES 2 N	0						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stree	t, factory, office	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,				
ETE	4 Homicide determined				ony or rown, state	,					
12	296. CERTIFIER (Check only	CIAN: To the best of my know	ledge, death occurred at	the time, data and place, an	d due to the cause(s) and me	nner as stated.					
COMPL	0700) 2 MEDICAL EXAMINER	l: On the basis of examination	n and/or investigation, in	my opinion, death occured a	nt the time, date and place, e	nd due to the c	ause(s) and menner as stated.				
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1,	ć.	29c. LICENS	NUMBER	29d. DATE N	MONED (Month, Day, Year)				
TO B	7	Karoa	to-	D 2 S	4/93						
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	()							
	of DATE PRIED ALL.		S								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		ł.							



3 should

71	1 . STATE REGISTRAR	STATE OF M	ARYLAND / Ce	DEPAR ERTIF	TMENT	OF HEAI OF DE	TH A	ND I	MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							MONTH DAY WEAR				3. TIME OF DEATH	
	PAUL,		IONEL			EINE					199		9:30 P M
	528-56-0728	t M 2 □ F	6. AGE (In yrs. les	YRS.	MONTHS (DAYS HOL	INDER 24	MIN.	7. DATE C	18,19	9/1	Country Uta	
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN OR LO	CATION	OF DE		10,1		ITY OF DE	
OR		N GLEN	DRIVE		BEL	AIR					HAR	FOR	D
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y		t0c, CIT	Y, TOWN OR	LOCATION		_					10d. INSIDE CITY
DIRECTOR	Maryland Hai	rford			L Air							1	LIMITS?
FUNERAL	100. STREET AND NUMBER 1420 Fountain Gle	en Drive				tor. zip	CODE 1015	5			10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS t Never Merried 2 Married 3 Widowed 4 Divorced	t2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 XN	MED	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If. RACE — Americ Hyse, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2₹ NO Specify: Specify:						- American Indian, White, etc.		
LED	t5. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	101	an delegated and a	USUAL OCC	A	workina			KIND OF BUS	INESS/IND		100
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mana Mana	ager,	Soci	minis al Se	stra	atio	on ?	US	S-gov	ernm	ent
	17. FATHER'S NAME (First, Middle, Last) Delbert Lione	l Steine								iddle, Maiden S	,		
BE	toe. INFORMANT'S NAME (Type/Print)	- этешк								e Rom			
5	Judith L. Steiner	-								or City or Town Bel Ai			1015
	20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Perm 4 Donation 5 Other (Specify)	□ Burial 2 □ Cremation 3 □ Removal from State 200 100											
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA	ME AND AD		OF FAC	CILITY				
	Howard K	Me.C	min	20 11	HOW 131	ard K 7 Cok	(. M	ICCC	mas 7 Roa	III Fu d. Abi	nera	l Ho	me, P.A. d. 21009
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory erreat, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d												
PHYSICIAN: MEDICAL	PART II. Other algolficant condition	PERFOR					24a. WAS AN PERFORI	RMED? AVAILAI COMPL 2 NO OF DEA		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLACE	OF DEAT	TH (Che	ck only one)			
YSI	t 🔀 YES 2 🗌 NO	1 Inpatient 2 I			OTHER:			ience					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF II (Month, Day 0 3 - 0 1 -	1 0 8 JNI	28b. TIM	URY	WORK?	λΤ 2∭ Ν			RIBE HOW IN			MDED AUEC
BÁ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — Al hor	700	U I		247		SUBJ 281. LOCA	TION (Street ar	PINN!		INDER AUTO
E I	4 Homicide determined	building, et		ME					1420	Town, State)			EN/HARFOR
COMPLETED	29a. CERTIFIER (Check only one) t CERTIFYING PHYSIC (Check only one) 2X MEDICAL EXAMINED	CIAN: To the best of m								e(a) and mans	ner aa atate	d.	
w l	296 SIGNATURE AND TITLE OF CERTIFIER	h.				29c.	LICENS	SE NUM	BER		29d. DATE	SIGNED (Month, Day, Year)
10 B	Million mello	بال				0.	.с.	M.1	E		▶03.	-02-	1993
	30. NAME AND ADDRESS OF PERSON WHO HAVE A CONTROL OF THE CONTROL O	pour un	11	.1 P	enn S	Stree	et,	Ва	alti	more,	Мал	ryla	ind 21201
	MAR 03 93	32. REMSTRAN	SIGNATURE DAVIDOR	andal	L				· ·				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

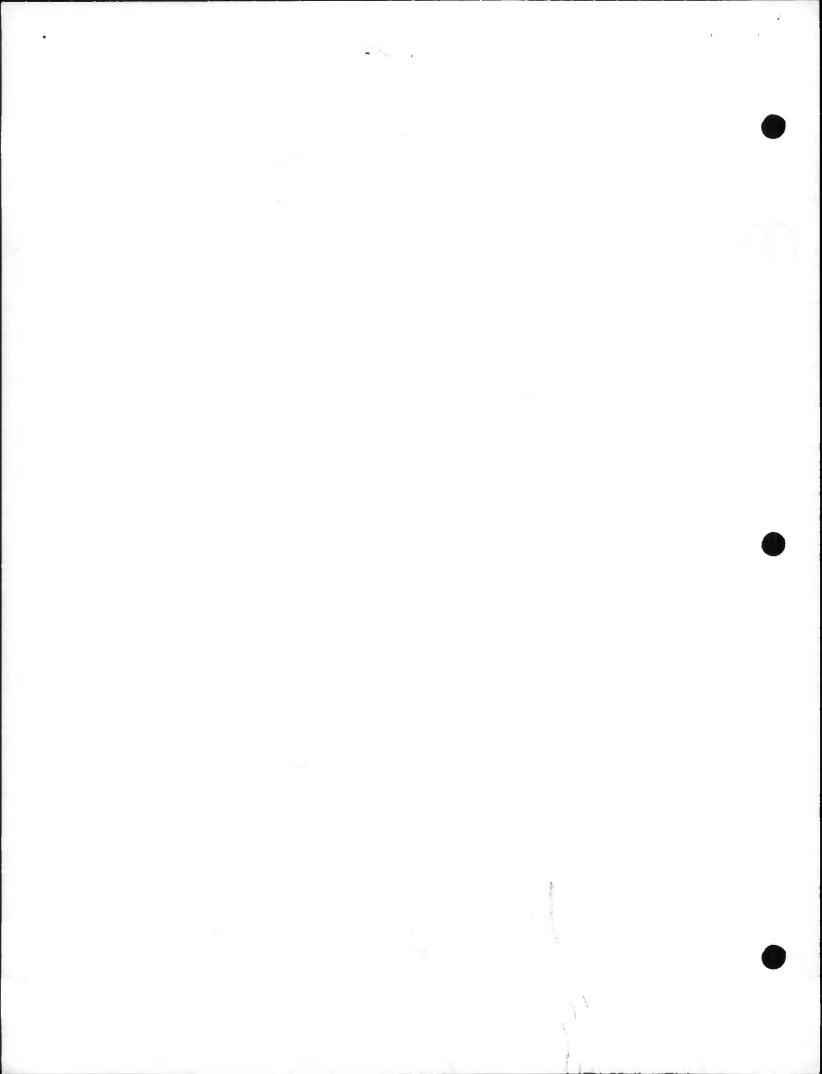
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.			
9	1. DECEDENT'S NAME (First, Middle-Legst)	vester	She	nK.	Sr.	2. DATE OF DEATH	1993	3. TIME OF DEATH A	
93	219-05-9446	M2□F 7	O YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/27/22	Coun	HPLACE (State or Foreign try) Yland	
стоя	92 FACILITY NAME (I) not institution, give street THE HOLD BECEDENT	morial 1	40.5p.	AVI	e OC	GRACE HARTORD			
DIRECTOR	Maryland Har	rford	10c. CITY,	TOWN OR LOCA	Abero	deen	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER ROUTE 3 BOX 410			10f. ZIP CODE 21 001			10g. CITIZEN OF	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPANI ecify Cuben, Mexican 2XXVIII Specify:		or No 14. RAC Blac Spe	14. RACE — American Indian, Black, White, etc. Specify: White	
윤	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON noleted)	16a. DECEDENT'S US (Give kind of wor			16b. KIND OF BUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Care tal	etired.)	at or working	Cemeter	.,		
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	ME (First, Middle, Meiden			
BE (George W. Shenk				Mabel	R. Dettin	ger		
0	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AI	ODRESS (Street a	and Number or Rural R	loute Number, City or Town	n, State, Zip Code)		
-	Mr. Thomas Shenk		1034	Joppa :	Road J	Joppa, Ma	ryland	21085	
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal		PLACE AND DATE OF etery, crematory or other			DATE 20c. LO	CATION — City or T	own, Stata	
	4 Donation 5 Dother (Specify)	Sr	pesutia Ce	emetery	ND ADDRESS OF FAC	3/5/ Pe	rryman,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	ome, P.A 01-3399							
	23. PART I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Can C	ech line.	enter the mo	de of dying, such	as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions co	ontributing to death be	ut not resulting in	the underlying	cause given in F			b. WERE AUTOPSY FINDINGS	
V: MEDICAL	24. PERFORMED? 1 YES 2 NO								
Ä	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Che	ck only one)			
SIC		OSPITAL: Inpatient 2 ER/Outpi		THER:	e 5 🗆 Residence (B ☐ Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WO	URY AT RK?	28d. DEŞCRIBE HOW II	NJURY OCCURED		
	3 Suicide 6 Could not be determined	and Number or Rural	Floute Number,						
COMPLETED		N: To the best of my knowlers the basis of examination		in my oninion d	eath occurred at the t	less data and alone and		a) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERPHIER	only	ans	-	29c. LICENSE NUMI D/40	36	29d. DATE SIGNED	(Month, Day, Year)	
T0	Bit 277 C/Ju	Cho 1/2	- hior	2 L2	W				
	MAR 04°93	32. BEGISTRAR'S SIGNA	M-Mandall						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY MAE STARKEY							2. DATE MONT FEE	DATE OF DEATH AND THE PROPERTY OF THE PROPER				
	4. SOCIAL SECURITY NUMBER	s. sexFem	8. AGE (In yrs. le		IF UNDE	DAYS	IF UNDER	24 HRS.		OF BIRTH		8. BIRTHP Country)	LACE (State or Foreign
	220-32-2257	1 🗆 M 2 😾 F	53	YRS.				WHI	May	13, 19	39	Mary	
Œ	9a. FACILITY NAME (If not institution, give a	treet and number)	Residenc	e)		Y, TOWN C		ON OF DE	HTA			INTY OF DE	
DIRECTOR	107 Newman Ave. (Centrevi.	Lle Ma		Cei	trev	ттте				Qu	een A	nne
REC	10a. STATE 10b. COUNT	r .				OR LOCAT	ION						10d. INSIDE CITY
	- Late / Land	Anne		Cen	crev	ille							1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	21 COD	517					IAT COUNTRY?
N	107 Newman Ave	40 1400 0505050			-							USA	
	1 Never Married 2 Married	12. WAS DECEDEN	YES 2	NO	13	If yes, spe	ecify Cubs	n, Maxica	n, Puerto I	17 (Specify Ye: Rican, atc.)	s or No		– American Indian, White, stc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE Y	AN ON DATES			1 YES	2 \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Specify	/:]	oV		Speedy	hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL (OCCUPATIO	ON st of workin	107	16b	KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		Homes			at or works	·9					
MP	10 17. FATHER'S NAME (First, Middle, Last)			TOME	nance			_					
	George C. Elbu	rn						HER'S NA 11en		Middle, Maiden Cannon			
BE	19s. INFORMANT'S NAME (Type/Print)		15	b. MAILING	AODRES	S (Street a				her City or Tou	on Chain Tie	n Codel	
2	199. INFORMANT'S NAME (Type/Print) 190. MAILING AODRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Paul C. Starkey, Jr Centreville, Md											Md 21617	
	20a, METHOD OF DISPOSITION BUTIAL 20b. PLACEAND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State												
	4 Donation 8 Other (Specify) Chesterfield Cem. Centreville, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 413 High St.												
	TUIL	his U	Jell.	1		FELLO							id. 21620
	23. PART I Enter the diseases, or anock, or heart failure.	complications the	t caused the d	aath. Do i	not ante	r tha mo	da of dy	ng, auc	h aa card	liac or resp	iratory ar	reat,	Approximats
												Onset and Death	
	disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF)										11/92	
_		DOE 10	(OH AS A CONSE	OUENCE	,,	0	1						
ERTIFICATION	Sequantially list conditions, if sny, leading to immediate	b DUE TO	(OR AS A CONSE	OUENCE O	F):	-							
CA	cause, Enter UNDERLYING CAUSE (Disease or Injury	c											
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE O	F):								
CER	rosatting in death) Exter	d											-
	PART II. Other significent condition	s contributing to	desth but not	resulting	In the u	ndertylng	cause (jiven in	Part I.	24a. WAS AN			YERE AUTOPSY FINDINGS
DIC										1 TES 2			WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME													☐ YES 2 ☐ NO
PHYSICIAN: MEDICA	25 1440 0405 05550000 70 455444												
ICI,	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	300		OTHE	R:	ACE OF D						
HYS	27. MANNER OF DEATH	1 Inpatient 2 28s. DATE OF		28b. TIM		28c. JNJI		sidence		(Specify)	N II IBY OO	CHRED	
I I NETUTIN S Princine									CHIBE HOW I	NJURT OC	COMED		
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At h	ome, farm,	ntreet, fac				281. LOC	ATION (Street	and Number	r or Rural Ro	ute Number,
TED	4 Homicide datermined	building,	atc. (Specify)						City	or Town, State)			
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occum	ed at the	time, data	and place	and dua	to the cau	se(a) and mai	nner aa stat	ted.	
OM	one) 2 MEDICAL EXAMINE												end manner as stated.
ш	296. SIGNATORE AND TURE OF CERTIFIER						29c. LICE	NSE NUN	JBER .		29d. DAT	E SIGNED (Month, Day, Year)
10 8	36. NAME AND ADDRESS OF PERSON WH						23	788	-		▶ 4	418/	93
	THE PROPERTY AND PERSON WAS	O COMPLETED CALL	OF OF BEATH ATE	44 AT CT	M 1 -1								

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

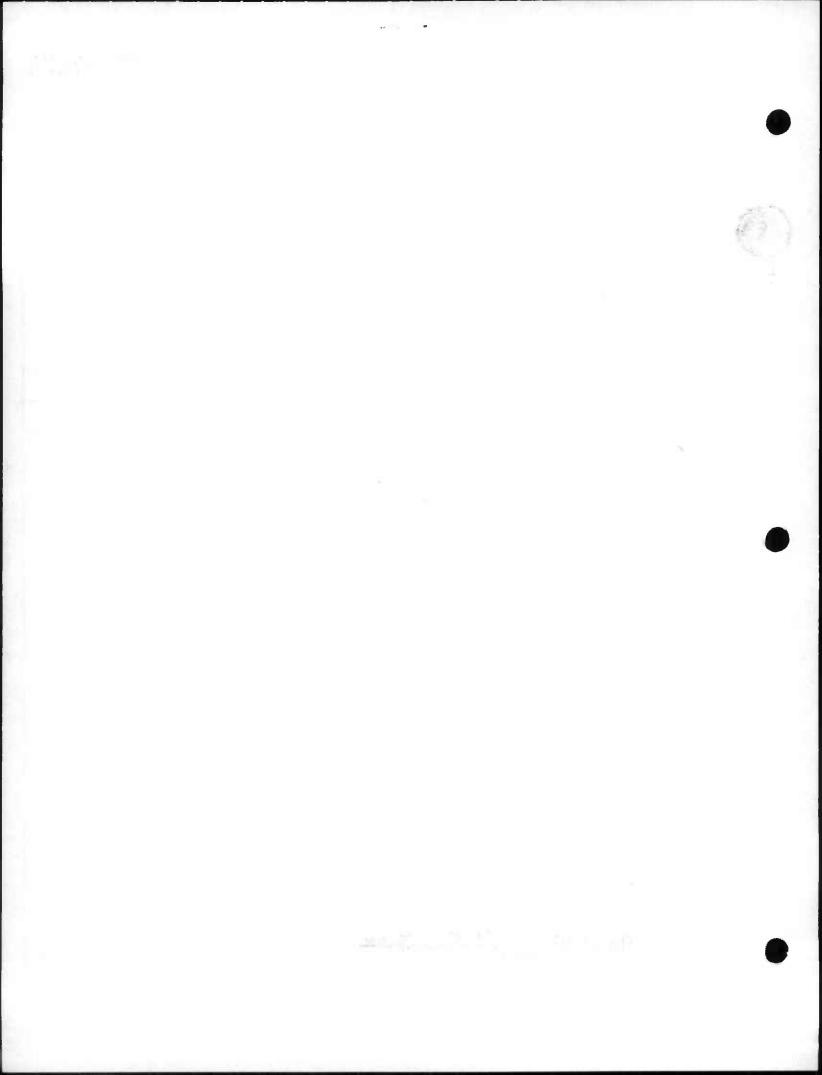
32. REGISTRAR'S SIGNATURE
JUNE DAY GOOD

- Pandelle

31. DATE FILED (Month, Day, Year)
FEB 25

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DIRECT

FUNERAL

BY

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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified at once. examiner medical the event, Item 23 shows any injury, or other traumatic ir this certificate has HOSPITAL OR ATTENDING PHYSICIAN: The 0 marked, DIRECTOR: After the hours after death water 11em 28 is mark TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 THE IMPORTANT: If IL

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 25 TREVAS SIMON H.02 P. W 3:45 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F YRS 220-32-6933 82 AUG. 16, 1910 **NEW YORK** 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 204 E. INDIAN SPRING DRIVE SILVER SPRING MONTGOMERY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 TYES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 204 E. INDIAN SPRING DRIVE 20901 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Marrie 1 YES 2 XNO Specify: 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 5+ TRIAL LAWYER U.S. GOVERNMENT 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JULIUS **TREVAS** DORA SILVERMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) JEAN TREVAS (WIFE) 204 E. INDIAN SPRING DR., SILVER SPRING, MD 20901 20a. METHOD OF O 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 3 - Removal from Star KING DAVID MEMORIAL GARDEN 2/28 FALLS CHURCH, VIRGINIA Other (Specify) Donation 0 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. u 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23. PART F. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Arrest OUE TO (OR AS A CONSEQUENCE OF): resulting in death) MI JUTES SEVERE CHPONIC OBSTRUCTIVE PILHONARY YEARS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DISEASE if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAIL ARLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 X NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 YES 2 10 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 D Residence 8 - Other (Specify) 4 - Nurs 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 295 SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D36046 2 93 126 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4701 RANDOLPH 216 ROCKVILLE To FNUINZ MD 20852 32. REGISTRAR'S SIGNATURE who Davidson

" as the second of the DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEAT	Н	BEG	NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF DEA				3. TIME OF DEA	TH
	JAMES	L.			TYLE	:R		монтн 0 2	3	7	OEAR	2:33	Α.
		SEX	6. AGE (In yrs. last	t hirthdays	IF UNDER 1 YEAR	IF UNDER 2	2014 4	7. DATE OF BIRT	u	<u> </u>		HPLACE (State or F	
	220-70 2051	XM2 □ F	29	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Ye	er)		Count	(Y)	
	220 /0 2031			1113.				03-30-	- T 2			aryland	<u>d</u>
~	9a. FACILITY NAME (If not institution, give stree	t and number)			9b. CITY, TOWN	OR LOCATION	N OF DE	ATH		9c. COL	JNTY OF D	DEATH	
Ö	SUBURAN HOSPITA	L			BETHES	SDA				MOI	NTGC	MERY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY												
=	1000 1000			10c. CI	Y, TOWN OR LOC							10d. INSIDE CIT LIMITS?	Y
		ıtgomeı	сУ		Rock	ville	<u>,</u>					1 STYES 2	NO
₹	100. STREET AND NUMBER				13	H. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?	
匝	1288 First Stree	et				20	850)			U.S	5.A.	
FUNERAL			T EVER IN U.S. ARI					IC ORIGIN? (Speci		or No-	14. RACI	E — American Ind k, White, atc.	len,
	1 Mever Married 2 Married	IF YES, GIVE W	XYES 2 N	0		pecify Cuben, S 2 (%NO		, Puerlo Rican, at	c.)		Spec		
BY	3 Widowed 4 Divorced	1980-1	1981									DIAC	JK.
	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DE	CEDENT'S	USUAL OCCUPAT	ON		16b. KIND O	F BUS	SINESS/IN	DUSTRY		
[4]		College (1-4 or 5 +	·) Hite.	Do NOT u	work done during m se retired.)	usi or working							
Ē				Une	mploye	E							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	ER'S NAN	E (First, Middle, M	aiden	Surname)			
	James Evans					E	liz	abeth	Tv	ler			
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street		_		-4		_		
2	Elizabeth Tyler	(Mothe										20850)
	20a. METHOD OF DISPOSITION				OF DISPOSITION (A			DATE 20			•		,
	1 ☐ Burlel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	from State	Cemetery, cre	matory or o	Memor:	31 D	مادداد	2/5	ייים	~1	- 7 7 a	wii, siele	
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	sea /	Farki	awii	Memor.	ND ADDRESS	alk	3/3	RÇ	CKV	1116	e, MD	
	100000	7 //.	- 1 6	1,				ERAL H	OM	E.	P A		
	- Lorge K	· Mn	our	lu	ROCI	VILL	E,M	D 208			22 -		
	23. PART i. Enter the diseases, or con	nplicetions that	t ceused the da	ath. Do	not antar the m	oda of dyin	g, such	es cardiac or	respi	retory ar	rest.	Approxim	ate
	shock, or hadn fallure. Lis	t only ona cau	se on aach lina									Intarval E	
	disease or condition	miles	ultipl	ELS/	tab and	Chi	tin	g/Woun	ds			Oliset all	o Death
1 3	resulting in death) e	DUE TO	OR AS A CONSEC	UENCE O	aux	wit	ny	ov c an	eco				
_					,	4							
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONSEC	UENCE O	F):							-	
Ι¥	If eny, laading to immediate cause. Enter UNDERLYING				,							į	
끝	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):							1	
E	resulting in death) LAST												
빙	d											+	
4	PART II. Other significent conditions of	ontributing to	death but not re	sulting	in tha undariyir	g cause giv	ven in F			AUTOPSY	24b	. WERE AUTOPSY F	
DICAL								· rAd	HFOR	MED?		AMILABLE PRIOR COMPLETION OF	
1 ш І								- · *	E3 2	- NO		OF DEATH?	
Σ								_				YES 2 🗆	NO
A N	25. WAS CASE REFERRED TO MEDICAL				20.0	100 00 00	ATAL 604						
PHYSICIAN:	EXAMINER?	OSPITAL:			OTHER:	LACE OF DEA	ATH (Chec	ck only one)					
≥		41	ER/Outpatient 3				idenca 8	Other (Specify					
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, De		28b. TIM	E OF 28c. IN	JURY AT DRK?		28d. DESCRIBE H	IOW II	VJURY OC	CURED		
B	2 Accident Investigation		-1993		7 0 2 1 4	YES 2 🔀	NO	SUBJEC	Т	CUT	& S	TABBED)
1 1	3 Suicide s Could not be	28a. PLACE Of building,	F INJURY — At hor atc. (Specify)			e		28f. LOCATION (S City or Town,		nd Numbe	r or Rural F		
	4 Homicide detarmined		Ι.	N H	DUSE			50 MOO		DR	IVE	ROCKVI	ظيليا.
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of	my knowledge, dea	rth occurr	ed at the time, dat	and place, a	and due t	o the cause(a) en	d men	ner as ats	ted		
₹	one) 2 MEDICAL EXAMINER:											a) and manner ea :	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		-										
出	STATE OF CERTIFIER	. 1	Al 1	2		O . C .			- }			(Month, Day, Year) 3 - 1993	
2	Wenn	co tr	Chul	m)	0.0.	1.1 • 1.	•			4-20		
ا ٦	30. NAME AND ADDRESS OF PERSON WHO C	0.77	1 1				-	1 4 2		3.4	7		201
	Dennis J. Chute				enn Sti	eet,	ва	Ttlmor	е,	ма	ryla	ina 21	201
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	SIGNATURE	and P	2								
	MAR 04 '93	1 7 miles	ALL STEELS	-	_								



3. TIME OF DEATH 12 45/8mm

W. Chester, Pa.

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

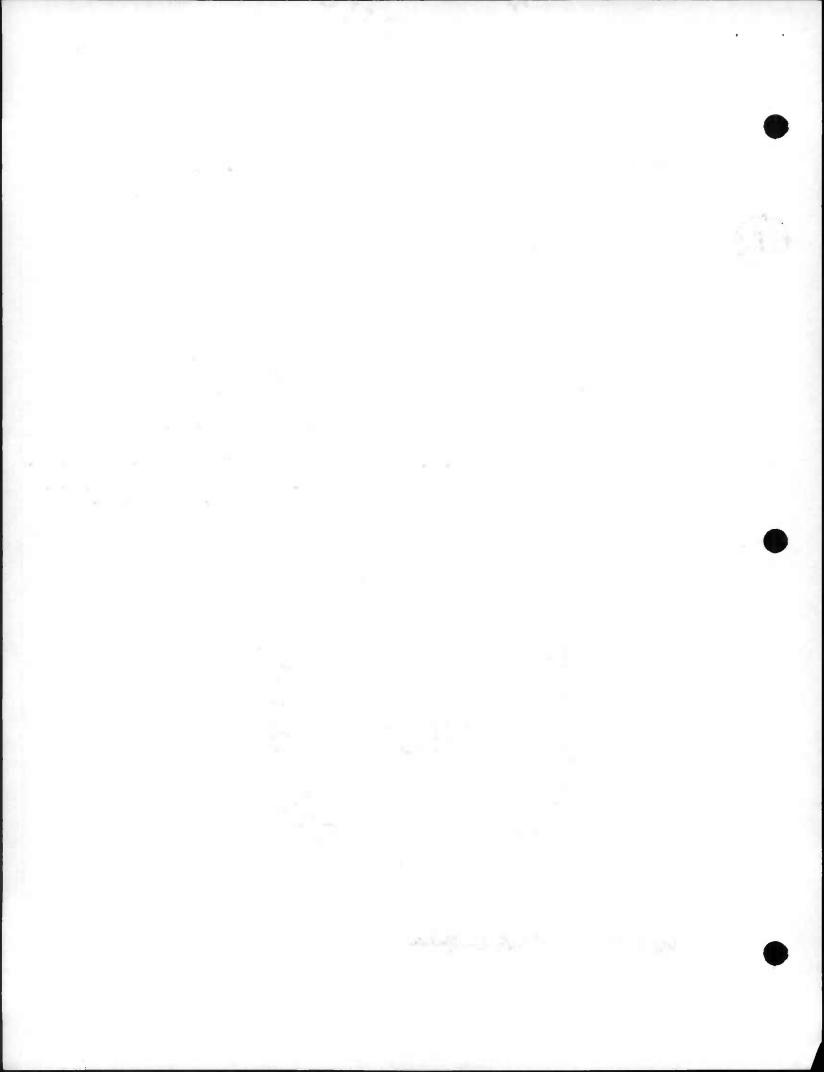
1 - FOR STATE REGISTRAR

68760,
D. BOX
RDS, P.
RECORD
VITAL
NOF
DINISIC

		L DECEDENT'S NAME (First,	Middle, Lest)	Hildega	ard Ar	na Ta	lkow:	ski		DATE OF DEATH MONTH	W 0	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB	ER	5. SEX 6.	. AGE (In yrs. ies	t birthday) IF L	NDER 1 YEAR	R IF UNDER	1 24 HRS. 7.	3 6 DATE OF BIRTH	7.	S / L / P/
D		577-50-8678	12.6	1 □ M 2 🗹 F	72	YRS. MON	THS DAYS	HOURS		(Month, Day, Year) OV. 11,]	1920	Germany
3 should	œ	9a. FACILITY NAME (If not in:	stitution, give s	street and number)	Harm	9b.			ON OF DEATH	1		Y OF DEATH
1. 2,	ECTOR	RESIDENCE OF DEC	EDENT	EDELAI	HOSI	2.	ra.	Llstor	1		На	rford
	DIRE	Maryland	106. COUNT	ford		10c. CITY, TO Jopp						10d. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER	1101	Lota		l oobb	T	101. ZIP COD	E		10g. CITIZE	1 ☐ YES 2 🔯 NO
ansir	FUNERAL	703 Town Ca	enter	Drive				2108	35		USA	
ling physician the burial-trar	B≺	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 T	MED IO	If yes,		n, Mexican, P	ORIGIN? (Specify Yes uerto Rican, etc.)	or No—	4. RACE — American Indian, Black, White, atc. Specify: White
r attend use as	ETED	15. OECI (Specify only	EDENT'S EDU	CATION completed)	/G	CEOENT'S USUA	lone durina		na	16b. KIND OF BUS	SINESS/INDUS	
Q g v	PLE	Elementary/Secondary (0	-12)	College (1-4 or 5 +)	life.	cretar	wd.)			IIC-C	jovern	mont-
the hospit detached	COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)			orcur.	<u> </u>	18. MOT	HER'S NAME	(First, Middle, Meiden		ilenc
# 8 g	BE	Johann		Ochmann					ecili		indel	
be retained be 5 should be notified	101	194. INFORMANT'S HAME (7) Ted Talkows)								Rocks, E		
\$ a -		20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State		AND DATE OF DIS	lace)					ty or Town, State
		4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERAL	,,	CENSEE	R. A.	Ferri			ss of FACILI	-12 - 9β	W	. Chester, Pa
0 = 0		Howard	K	Mc Con	1007	11	1317	7 Coke	sbury	Road, Ab	ingdo	1 Home, P.A. n, Md. 21009
ed within 24 hours completely filled in al, cremation, or ri event, the med		23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert fallure.	a. OUE TO (OI	MEM W	m eu	rfo	Pism	14	it embo		Interval Between
th certificate be executed in the certificate by the certificate and a Hygiene prior to but or other traumatic	ERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events resulting in deeth) LAS'	diate NG ry	W. VY III	AS A CONSE	DUENCE OF):	e su	haft	Fr	actur		12 da
the death y the attend Mental	AL C	PART II. Other algnifice	nt condition	1/	1 /		e underly	ing ceuse	given in Par	t I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN
that that and barny	DICAL	450	rem;		T onse	ner				1 TYES 2	. /	COMPLETION OF CAUSE OF DEATH?
	ME	- who	wie	usion -						-		1 - YES 2 100
N: The law req ficate has been State Dept. of Item 23 shc	IAN	25. WAS CASE REFERRED TO	D MEDICAL				26.	PLACE OF D	EATH (Check	only one)		
SICIAN: The lacentificate has the State Dept. 1, or item 23	YSICI	1 VES 2 NO		HOSPITAL:	R/Outpatient 3		HER: Nursing H	ome 5 🗆 Re	esidence 8 [Other (Specify)		
This with	ву Рн		Pending Investigation	28a. OATE OF IN. (Month, Day,		28b. TIME OF INJURY		NJURY AT WORK? YES 2		d. DESCRIBE HOW II	NJURY OCCU	RED
TENDI TOR: A after of	8		Could not be datermined	28e. PLACE OF II building, etc	NJURY — At ho :. (Specify)	me, ferm, street	, factory, of	fice	26	t, LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
TAL OR AL DIRI 72 hour	COMPLET	onel		ICIAN: To the best of my								l. cause(s) and manner as stated
TO THE HOSPI TO THE FUNES TO THE WITHIN	BE (296. SIGNATURE AND TIPLE	OF CERTIFIE	18	M.D			29c. LIC	ENSE NUMBE	R	29d. DATE S	SIGNEO (Month, Day, Year)
263	0	30. NAME AND ADDRESS OF			OF DEATH (ITE	W 27) (Type, Print	D 10 .	T 10	1.	nad =	3	16/73
		31. DATE FILED (Month, Day,	yan Khe	- 10	SIGNATURE	ford.	Kø.	Man.	ston,	1201 · S	104	-/-
		MAR 09 93	9	Julia Davido	n-Mande							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

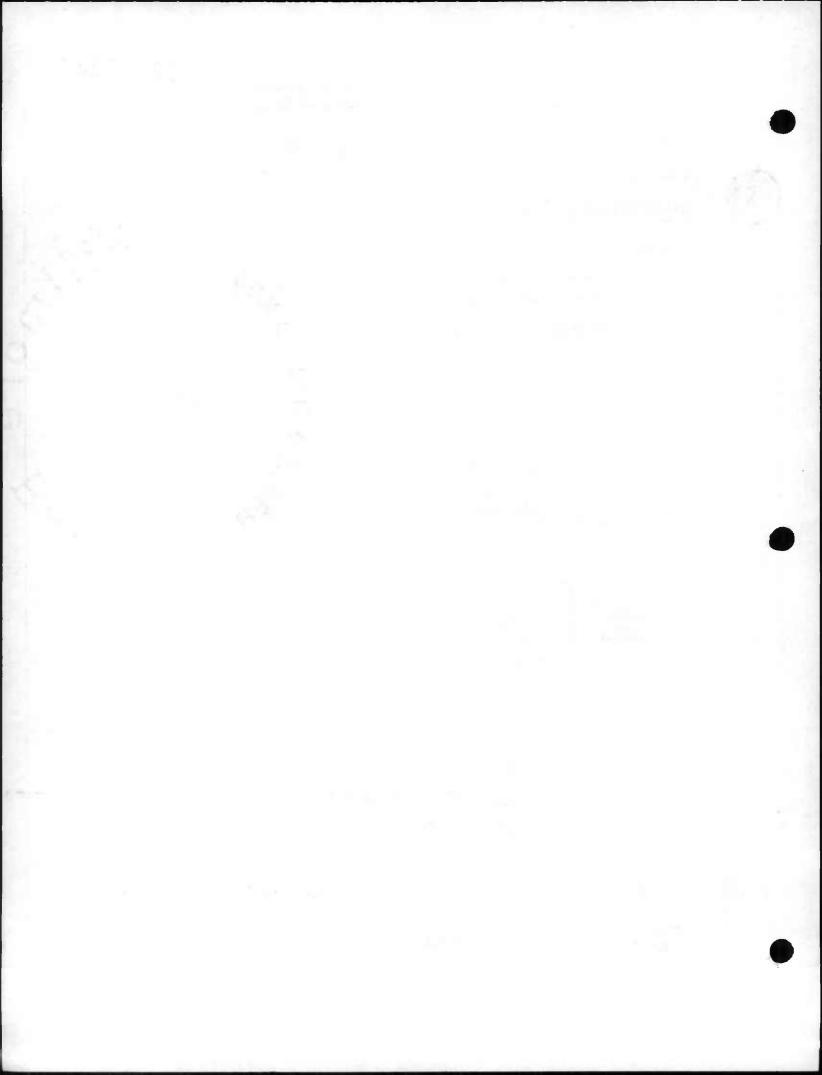
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CER	TIFICA	TE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, M SAMUEL Zedo		TAYMAN		JR.			2. DATE OF MONTH	DEATN DA	Y	YEAR	3. TIME OF DEATN
2cu.							MARCE 7. DATE OF	7 1	1003		22:52
219-07-8164		5. SEX 6. A	GE (In yrs. lest bir 74	YRS. IF UNI	B DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, D		18	Count	NPLACE (State or Foreign ry) shington I
9a. FACILITY NAME (If not instit	ution, give s	treet and number)		9b. C	TY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF E	
CALVERT MEMO		HOSPITAL		PR	INCE	FREDERIC	CK		CAL	VERT	
Da. STATE 1	Db. COUNTY	1	1	Oc. CITY, TOW	N OR LOCA	TION					10d. INSIDE CITY
MD	Ca	lvert		H		ngtown					LIMITS?
3180 Cari	011	Road			10	20639			10g. CIT		WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 X M Widowed 4 Divorce		12. WAS DECEDENT EVE FORCES? 1 [] Y IF YES, GIVE WAR O	ES 2 X NO		Il yes, s	CENDENT OF NISPAI becify Cuban, Mexica 3 2 X NO Specif	in, Puarto Rica	specify Yes in, etc.)	or No—		E — American Indian, k, White, etc. wy: White
15. DECED (Specify only h	ENT'S EDU	CATION	16a. DECEE	DENT'S USUAL	OCCUPATI	ON	16b. Kil	NO OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12		College (1-4 or 5+)		Repai		ost of working		C.P. T	elen	hone	
7. FATHER'S NAME (First, Midd	le, Last)			1.01002	- 111011	18. MOTHER'S NA		_	~		
		Tayman, Sr.					gery N				
A. INFORMANT'S NAME (Type	√Print)		19b. M	IAILINO ADDR	ESS (Street	and Number or Rural	Route Number,	City or Town	, State, Zip	Code)	
Mary France	s Tay	rman) above			13-1111		
De METHOD OF DISPOSITION Description Descr	3 🗆 Ram		20b. PLACE AND				DATE 3-5-93		cation —		own, State
. SIGNATURE OF FUNERAL S						ND ADDRESS OF FA		114	HULLI	gcow	II, FID
3. FART I. Enter the disasshock, or free	rt fellure.	List only one cause of	sed the death n eech line.		ter the mo		h as cerdled				Approximate interval Between Onset and De
Sequentially list condition of any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	is,	CAD		NCE OF):		elys fin	chie	~ of	Th	p	haryx.
ART II. Other algorificent	condition	s contributing to deet	h but not resu	ilting in the	underlyin	g ceuse given in	Part I. 24	a. WAS AN	AUTOPSY	248	WERE AUTOPSY FINDIN
								PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO I	EDICAL					LACE OF DEATH (Ch	eck only one)				
1 YES 2 NO		HOSPITAL: 1 ☐ inpatient 2 ☐ ER/0	Outpatient 3 🗆	DOA 4 1		ne 5 🗆 Realdence	8 Other (S	pecify)			
MANNER OF DEATH	nding estigation	28s. DATE OF INJUI (Month, Day, Yes		Bb. TIME OF INJURY	28c. JN.	JURY AT DRK? YES 2 NO	28d. DESCRI		JURY OC	CURED	
3 Suicide 8 Co	uid not be ermined	28s. PLACE OF INJU building, atc. (5	JRY — At home, Specify)	farm, street, f	ectory, affic	10	281. LOCATIO	ON (Street a own, State)	nd Number	or Rural i	Route Number,
anal .		CIAN: To the best of my kr									a) and manner as stated
Pb. SIGNATURE AND TITLE OF	m	aru 1	Jaso	lan	,	29c. LICENSE NUI	168		29d. DAT	3 -1	(Month, Day, Year) -93
NAME AND ADDRESS OF P	DANI	, M.D.	PRI		REDER	ICK, MD	20678				
DATE FILED (Month, Day, Yes		32. REGISTRAR'S S	GNATURE						-		
MAR - 5 199	13 3	runa payason-	Mariana								



DHMH-16 Rev 1/89

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(1:1)	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page is		IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be r
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	AL	1 0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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	1 - STATE REGISTRAR	STATE OF MA			TMENT ICATE				ENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)					. 01	<u> </u>	-	. DATE OF DEATH		3.	TIME OF DEATN
	JOSEPH	М.		THO	1PSO	N) 2. 1 T		933	:30 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS. 7	DATE OF BIRTH (Month, Day, Year)			ICE (State or Foreign
	219 46 9709	1 ★ M 2 □ F	47	YRS.	MONTHS	DAYS	HOURS	MIN.	PR 17,1	945 V		INGTON.D.
~	9s. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY,	TOWN O	R LOCATION	ON OF DEAT	Н		Y OF DEAT	
CTOR	6528 BOCK ROAD	1			OX	ON	HILI	Γ		PRIN	CE G	EORGES
REC	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN O	R LOCAT	ION				100	d. INSIDE CITY
旹	MD PRINC	E GEORGE	S	FOF	REST	rvi	LLE				13	LIMITS?
A	10e, STREET AND NUMBER					101.	ZIP CODI	E		10g. CITIZE		T COUNTRY?
FUNERAL	6419 PENNSYLVAN	IA AVE	_				2	0747		110	7 7	
1 2	11. MARITAL STATUS 1 Never Married 25 Merried	12. WAS DECEDENT & FORCES? 1	VER IN U.S. ARM	MED O					ORIGIN? (Specify Ye	s or No- 1		American Indien,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR						Specify:			Specify:	
	15. DECEDENT'S EDUC	CATION	16a. DEC	EDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BU	SINESS/INDU		ACK
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Completed) Coffege (1-4 or 5+)	(Gh	e kind of a Do NOT us	vork done d e retired.)	luring mos	t of working	ng				
A P	12		BR	ICKI	MASO:	N			MASONE	RΥ		
COM	17. FATHER'S NAME (First, Middle, Last)	10001							(First, Middle, Maiden	Surname)		
BE a	WILLIAM R. THOM	IPSON							ROCTOR			
TO BI	190. INFORMANT'S NAME (Type/Print) BERNICE THOMPS(ONT							te Number, City or Tox	vn, State, Zip C	ode)	
2	200. METHOD OF DISPOSITION	JN	20b. PLACE A					TA A				
E E	Donayfon 5 ☐ Other (Specify)	oval from Stata	cemetery, crem	natory or o	ther place)			ממק	26, 1993	CATION — CH		
	21. SIGNATURE OF FUNERAL BERVICE LIC	ENSEE /	I IIMININ	OIVI	22. N	IAME AN	D ADDRES	SS OF FACIL	TY		NDOV	ER.MD
examiner	1 (and)	11100,							MS F.S.			
	,23. PART i. Enter the diseases, or o	omplications that c	aused the dea	eth. Do r					EET S.E		h6	Anonylmote
The medical	anock, or neart tallure.	List Dnly Dna cause	on aach iina.		or amar	ana mo	a Di dyi	ing, edoir e	e cardiac Di reap	nathry arree	it,	Approximate interval Between
e l	iMMEDIATE CAUSE (Final disease or condition	Tro	prop.	A 10.	Q 1	40.	4 5.0	Lag	0			Onset and Death
event,	resulting in death)	DUE TO (OI	R AS A CONSEQU	UENCE OF	7):	19	10011	The same of				
	Sequentially list conditions,	s										
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	R AS A CONSECU	UENCE OI	7):							
	CAUSE (Disease or injury that initiated events	DUE TO (Of	R AS A CONSEQU	UENCE OI		_						
CERTIFICATION	resulting in death) LAST				,						j	
	PART il Other elgoiticent condition		-At- b- A	-								
CAL	PART II. Other significant condition	a contributing to da	ath but not re	suiting	n tha und	dariying	cause g	iven in Pa	rt i. 24a. WAS AN PERFO	AUTOPSY RMED?		RE AUTOPSY FINDINGS MLABLE PRIOR TO
	Martersive	111 101016	J Croff.	e Ce	MICE	vag	uler	- DUS	PERFO	NO 🗌 NO	OF	MPLETION DF CAUSE DEATH?
AN: ME									-		1/	YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF D	EATH (Check	onty one)			
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3	AOO	OTHER 4 Number	:			Other (Specify)			
H Y	27. MANNER OF DEATH	28e. DATE OF INJ	JURY	28b. TIM	E OF	28c. INJL	IRY AT		d. DESCRIBE HOW	NJURY OCCU	RED	
BY PHYSICI/	1 Natural 5 Pending Investigation	(Month, Day,	rear)	INJ	URY M	1 Y	RK7 ES 2] NO				
	3 Suicide 6 Could not be	28e. PLACE OF IN- building, etc.	NJURY — At hom (Specify)	ne, farm, s	treet, tacto	ry, office		28	If. LOCATION (Street City or Town, State)	end Number or	Rural Route	Number,
COMPLETED	4 Homicide determined								ony or nown, otate,			
D BE COMPLE		CIAN: To the best of my										-
SON	2 MEDICAL EXAMINE	4: On the basis of axem	nination end/or in	rvestigatio	n, In my op	vinlon, de	ath occun	ed at the tim	e, data and placa, er	nd due to the	cause(s) end	d manner as stated.
SE (296. SIGNATURE AND TITLE OF CERTIFIER	Do A	11				29c. LICE	NSE NUMBE	R	29d. DATE S	SIGNED (Mo	nth, Day, Year)
TO B	usur a	EM N	VI)				0.0	.M.E	•	02	2/18,	/93
		CKE, M	^							95		
				Pen	n St	tre	et,	Balt	imore,	Mary	Land	21201
	FEB 2 6 1993	32. REGISTRAR'S	Andell									

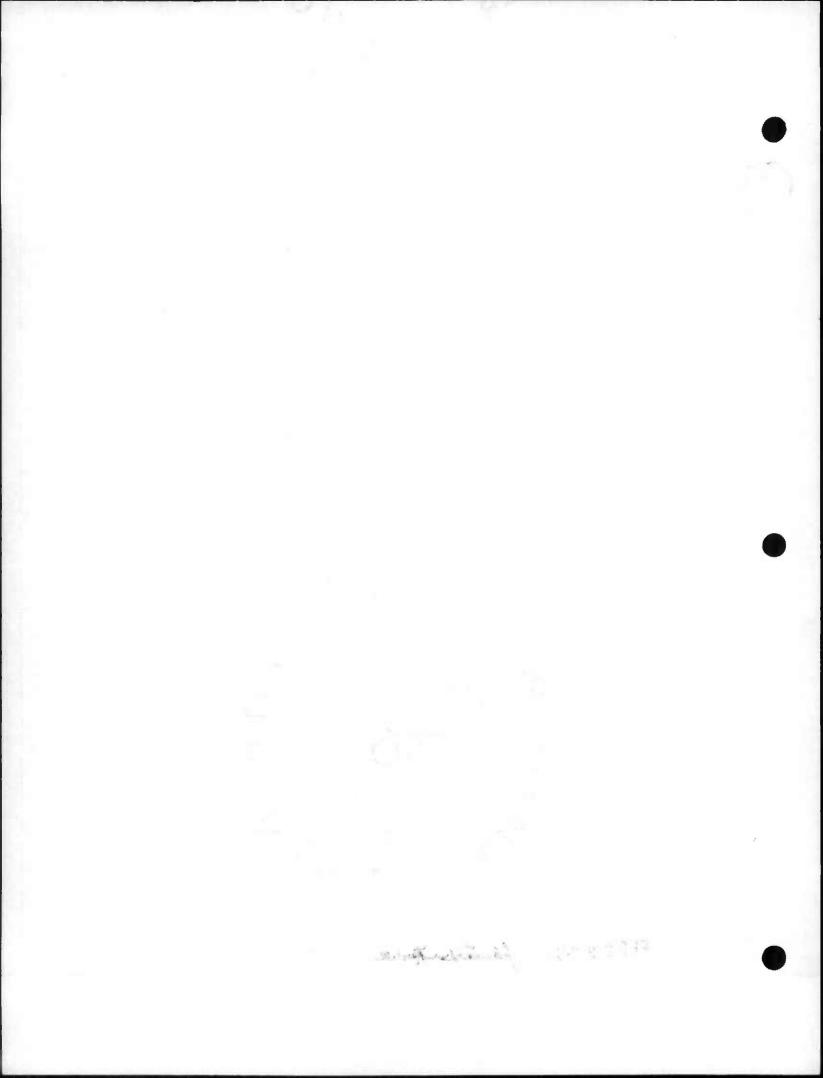
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	Page

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Joe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (FIRST	t. Microfin, Lane)	(TEORE	E	TAY	10	R		DATE OF DEATH	W //	YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (jn yrs. je				IF UNDER	24 HRS. 7.	DATE OF BIRTH	///	B. BIRTH	HPLACE (State or Foreign
1 6	215-26-2476	5	1 M 2 F	64	YRS.	MONTHS	DAYS	HOURS	MIN. 7	(Month, Day, Year)	1920	Countr	ry)
	9a. FACILITY NAME (If not in		street and number)			9b, CITY	, TOWN	OR LOCATIO	ON OF DEATH	H /	9c. COU	NTY OF D	ryland EATH
DIRECTOR	PRINCE GEOR	RGE'S I	HOSPITAL	CENTER		CHE	VER	LY			PRI	ICE C	GEORGE
EC	10e. STATE	10b. COUNT	Υ		10c. CIT	ry, TOWN	OR LOCA	TION					10d. INSIDE CITY
5	MARYLAND	PRINC	CE GEORGE		LAI	NDOVE	ER						LIMITS?
1AL	10e. STREET AND NUMBER						10	f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	7109 KENT	TOWN I						0785				TED	STATES
J.	11. MARITAL STATUS 1 Never Married 2XX	Married	12. WAS DECEOEN FORCES?	Y YES 2	NO		If yes, sp	ecity Cubar	n, Mexican, P	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No—	14. RACE Black	E — American Indian, k, White, atc.
B	3 Widowed 4 Divo	orced	1951-195	3 KOREA			1 🗌 YES	N)X NO	Specify:			Speci	"y: WHITE
8	15. DEC	CEDENT'S EDU	CATION completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATI	ON ost of working		16b. KINO OF BUS	SINESS/INI	DUSTRY	
LET	Elementary/Secondary (6		College (1-4 or 5	+)	n. Do NOT u	se retired.)		ast or working	v	PROPERTY	SEC	URTY	
COMPL	7TH			SE	CURI	TY GA	URD						
	17. FATHER'S NAME (First, M		WT OR							(First, Middle, Maiden	Sumame)		
핆	GEORGE ART		YLUK	10	A MAN IN	ADODES	C /Comme			FARMER to Number, City or Town	- 0		-
임	JUNE C. TAY									DOVER, MI			
9	20a, METHOD OF DISPOSIT	TION		20b. PLACE	AND DATE	OF DISPOS	SITION (N		• LAN			City or To	wn, State
1	1X Burlal 2 Crematic 4 Donation 5 Other		loval from State	7 MARY	LAND	VETE	RAN	S CEM	ETERY	2/16 CH	ELTEN	THAM.	MARYLAND
	21. SIGNATURE OF FUNERA	u service/u	CENSEE			FO	NAME A	ND ADDRES	S OF FACILI	NERAL HON	OF T	NC	TAINT TAINT
	•	Ma	Mogh										MD. 20722
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallure.	s. arte	ise on each lin	e. ler	ter							Approximate Interval Between Onset and Daath
ATION	Sequentially list condit if sny, lesding to imme cause. Enter UNDERLY	diata	b	(OR AS A CONSE	QUENCE O	F):							
CERTIFICATION	CAUSE (Disease or Inju that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	QUENCE O	F):							
	PART II. Other significa	ent condition	ns contributing to	death but not	resulting	in the ur	ndariyin	g cause g	iven in Par	rt I. 24a. WAS AN		240	C MOTOL OT LIMPINGS
EDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
팋											200	Ť	OF DEATH?
ż					-								
SICIAN:	25. WAS CASE REPERRED T	O MEDICAL	HOSPITAL:			OTHE		LACE OF DE	EATH (Check	only one)			
YSI	1 FES 2 □ NO		1 🗌 Inpatient 2 🖟		-			ne 5 🗆 Re	sidence 6	Other (Specify)			
ву РНҮ		Pending Investigation	26s. DATE OF (Month, D	ley, Year)		JURY M	1 🗌	URY AT ORK? YES 2		Bd. DEŞCRIBE HOW I	NJURY OC	CUREO	
ETED	4 Homicide	Could not be determined	28e. PLACE O building,	FINJURY — At he atc. (Specify)	ome, farm,	street, faci	lory, offic	•	26	St. LOCATION (Street a City or Town, State)	and Numbe	r or Rural F	loute Number,
COMPL	one) 2 MED	HCAL EXAMINE	R: On the basis of e							the cause(s) and mer e, data and place, an			a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE	301	7111	an			۷	29c. LICE	-87				(Morth, Day, Year)
	30. NAME AND ADDRESS OF	VI	LEM	\$ 1070	M 27) (Type	Print)	F7.	TUD.	1.,2	01260,	ni	00	2772
	FEB 2	3 1993		R'S SIGNATURE	Pande	NL.							



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REGISTRAR 1. DECEDENT'S NAME (First,)	Middle, Last)		- 01	-111111	CAIL	OI DE	AIII	2. DAT	REG. NO.			3. TIME OF DEATH
IRVING	, ,	EDI	IN DD		-	ח א א ד ר	D	0.2	TH DAT		YEAR	
4. SOCIAL SECURITY NUMBER	ER 5	. SEX	VARD 6. AGE (In yrs. last	hirthday)	IF UNDER 1	PAYLO	MDER 24 HRS.	+	19 E OF BIRTH	199		1.:1.5 A M
212 62 0520		M 2 F	40	YRS.	MONTHS	DAYS HOU	Y-	(Mon	nth, Day, Year)		Country)
9a. FACILITY NAME (If not inst			40		an erry				g. 1 19			tford, Conn.
				ļ			CATION OF DI	EATH		9c. COUNT	TY OF DE	ATH
9109 MARLE		IKE			FOI	RESTV	ILLE			PRI	NCE	GEORGES
10a. STATE	10b. COUNTY			10c. CITY	, TOWN OF	LOCATION						10d, INSIDE CITY
Maryland	Prince	e Georg	e's	1	Bowie							LIMITS?
10e. STREET AND NUMBER		00028			DOWLE	101. ZIP	CODE			10a, CITIZ		HAT COUNTRY?
2505 Kayhi1	1 Lane					2	0715		- 1	15		States
11. MARITAL STATUS		2. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. W			NIC ORIGI	IN? (Specify Yea			- American Indian.
1 Never Married 2 🔀 k	1000	FORCES? 1	YES 2 N	10	11	yes, specify (NO Specifi	in, Puarto			Black,	White, atc.
3 Widowed 4 Olvoro	ced	1000000000				_ 120 - M	ito opecii;	No	0	.	Specify	White
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Elementary/Secondary (0-1	T	College (1-4 or 5	+) life.	Do NOT us	e retired.)	ing most of a	rornarig					
		1	St	aff :	Sgt.				Army Na	tiona	al Gu	ard D.C.
17. FATHER'S NAME (First, Mid	idle, Last)					16. 1	MOTHER'S NA	ME (First,	Middle, Maiden S	Surname)		
Irving E. T	aylor,	Jr.					Norma	T.		Loren	itser	1
19a. INFORMANT'S NAME (Typ.	pe/Print)		19b	. MAILINO	ADDRESS	Street and Nu	mber or Rural i	Floute Nun	nber, City or Town	, State, Zip (Code)	
Norma T. Ta	ylor			2505	Kayh	i11 L	ane E	Bowie	e Md. 2	0715		
20a METHOD OF DISPOSITIO		I toom Chat-	20b. PLACE A	ND DATE O	F DISPOSIT					ATION C	ity or Tow	rn, Steta
4 Donation 5 Other (I Irom State	cemetery, cren			rial	Garden	ıs		David	lsonv	ville Md.
21. SIGNATURE OF FUNERAL	SERVICE LICEN	SEE	7)	22. N	AME AND AD	ORESS OF FA	CILITY				
> Kalun	16	(IM	Ima ti	200					ral Hom	-		
23. PART I. Enter the dis	100000 OF COR	unlications the	JIVI IV	466	16	000 A	nnapol	is I	Rd. Bow	ie Md	1. 20	
ahock, or had	ert failure. Lis	t only one cau	iaa on each lina.	ши. Do ni	ot enter t	ne mode of	aying, suc	n as car	rdiec or respir	etory arre	at,	Approximata Intarvai Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. The filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

INPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

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5-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Juani

4. SOCIAL SECURITY NUMBER

1 M 2 F YRS. 577263653 9a. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH Holy DIRECTOR ross Silver Spring RESIDENCE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince George's New Carrollton ending physician. as the burlal-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 8205 Oglethorpe Street 20784 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION intary/Secondary (0-12) College (1-4 or 5 +) 12 Secretary notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Preston Lynn Willie V. Kennedy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donald F. Twining 8205 Oglethorpe Street, New Carrollton, Maryland Pe 20s, METHOD OF DISPOSITION
1 🔀 Burial 2 🗆 Cremation 3 🗆 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Cedar Hill Cemetery 02/25/1993 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY medical Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, 23. PART ahock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Renal tailure the disease or condition injury, or other traumatic event, reaulting in dasth) DUE TO (DR AS A CONSEQUENCE OF) SANGRENG CERTIFICATION Sequentially ilat conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Initiated events VASUILAR DISEASE ERIPHGRAL DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not recuiting in the underlying cause given in Part i. PHYSICIAN: MEDICAL ABOUMINAL RUPTURGO any has been signe bept. of Health 7 23 shows a SEPSIS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) r this certificate ha h with the State D arked, or Item 2 OTHER: 1 TES 2 NO npatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidence 6 - Other (Specify) 4 🗆 Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY marked, 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide 1 SCERTIFYING PHYSICIAN. To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL TO THE FUNERAL (
B. filed within 72 h
IMPORTANT: If it 2 🛄 MEDICAL EXAMINES. On the bagle of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATONE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 02/153 BE

30. NAME AND ADDRESS OF PERSON MHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1BG

11120

32. REGISTRAR'S SIGNATURE grain Sevidon

RRY

31. DATE FILED (Month, Day,

JUANITA LYNN TWINING

5. SEX

lwinir

6. AGE (In yrs. last birthday)

CERTIFICATE OF DEATH

1 YEAR

HOURS

IF UNDER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 02 IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year Day, Year) MIN. Waynesboro, VA 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY U.S. Government 20c. LOCATION — City or Town, Stata Suitland, Maryland Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD Approximata Intarval Between Onest and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

New Hamp Ax Silver Speach Spring, MO

OHMH-16 Rev 1/89

No. 10

3.54873

1888 1983 The Timber 19837

1 - STATE REGISTRAR		STATE OF MARYL		MENT OF HEALTH ANI CATE OF DEATH		HYGIENE REG. NO.	01240
1. DECEDENT'S NAME (First,	Middle, Last)	,	/ - 4		2. DATE OF		3. TIME OF DEATH
James	Rober	et libi	s SR		MAA	ch 4	1997 205P. W
4. SOCIAL SECURITY NUMB		5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRE ONTHS DAYS HOURS MIN	(Month, D	lay, Year)	6. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not in:		eet and number) /		b. CITY, TOWN OR LOCATION OF		5-1909	VA NTY OF DEATH
HAM FORO	Men	noxial Hos	nital 1	HAURE de O	RACE	HA	1A forag
10a. STATE	10b. COUNTY		10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY
MD 100. STREET AND NUMBER	На	arford		Havre de Gra	ce	Teo com	LIMITS? 1 YES 2 NO
221 Darlin	orton I	hens		21078		10g. CIT	ZEN OF WHAT COUNTRY?
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1 Never Married 2	W	FORCES? 1X YES	2 NO	If yes, specify Cuben, Mer 1 YES 2 X NO Sp	ican, Puerto Rica		Black, White, etc. Specify:
3 🔀 Widowed 4 🗌 Divo	rced	WW II		1 120 1 121 101 10	ecity.		White
15. DECI (Specify only	EDENT'S EDUCA highest grade of	ATION completed)	16a. DECEDENT'S US	k done during most of working	16b. KII	ND OF BUSINESS/INC	DUSTRY
Elementary/Secondary (0-	-12)	College (1-4 or 5+)	ine. Do NOT use i	etred.)			
11			Automot	ive Mechanic		Automot	ive
17. FATHER'S NAME (First, Mi		L. Tibbs				dle, Maiden Surname)	
19a. INFORMANT'S NAME (7)	_	L. IIDDS			e Tibb		
Mr. J. Rob		bbs, Jr.		odness (Street and Number or Ru Old Level Road			
20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 4 Donation 5 Other	n 3 🗆 Remo		netery, crematory or other	r plece)	DATE		City or Town, State
21. SIGNATURE OF FUNERAL		1	L. ZIOH C	emetery 22. NAME AND ADDRESS OF	FACILITY	Fountail	Green, MD
120	0	00		Mitchell-Smi	th Fune	eral Home	, P.A.
	CAA "	1 Down		Havre de G	race, I	MD 2107	8-3197
23. PART i. Enter the disaback, or he	seases, or co	omplications that cause	d the death. Do not	Havre de G		MD 2107	rest, Approximate
23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin.	eart failure. L	emplications that caused lat only one cause on e	ech line.	enter the mode of dying, s	uch as cerdied	MD 2107 or respiratory an	Approximate interval Between Onset and Death
shock, or he	eart failure. L	emplications that cause on a lat only one cause on a late on a late on	ech line.	enter the mode of dying, s	uch as cerdied	MD 2107 or respiratory an	Approximate interval Between Onset and Death
immediate cause (Fin disease or condition	eart failure. L	proplications that cause lat only one cause on e	ech line.		uch as cerdied	MD 2107 or respiratory an	Approximate interval Between Onset and Death
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32. RESISTRARIO SIGNATURE Pandage



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, 1)
MAR 05

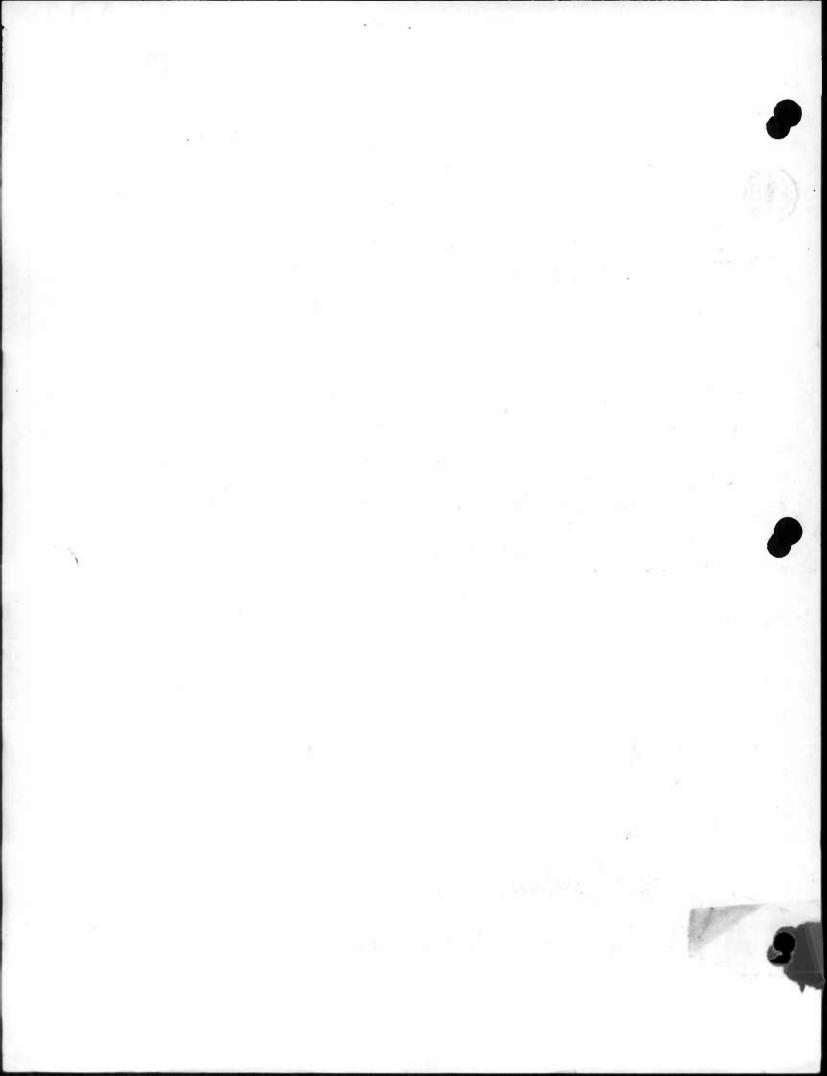
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIENI REG. NO.	E .	,				
1.50	1. DECEDENT'S NAME (First, Middle, Last)			Tho	ma s	2. DATE OF DEATH MONTH 2-24	92 YEAR	3. TIME OF DEATH				
8		SEX 6. AGE (in)	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 27,19	Count	HPLACE (State or Foreign ry)				
TOR	98. FACILITY NAME (If not institution, give street St. Moouls RESIDENCE OF DECEMENT	ospital		Sh. CITY, TOWN O	R LOCATION OF DE		St, M					
DIRECTOR	10a. STATE 10b. COUNTY Maryland Charles			hesvill				104. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	P.O. Box 314			11111	20637		10g. CITIZEN OF WHAT COUNTRY? USA					
В		. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DEC	E — American Indian, k, White, etc.							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete in the complete	ON 10 pleted) 10 oflege (1-4 or 5+)	Give kind of we like. Do NOT use	ISUAL OCCUPATION ork done during most retired.)	N It of working	INESS/INDUSTRY						
BE COM	17. FATHER'S NAME (First, Middle, Last) Jeremiah Thomas				Carrie	ME (First, Middle, Maiden : Chase	Surname)					
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) P.O. Box 314, Hughesville, MD 20637											
	20e. METHOD OF DISPOSITION 1 Special 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cemeter St.	ACE AND DATE O	F DISPOSITION (Name of place) Cathol:	me of ic Churc	DATE 200. LOC h3/3/93 Br	ATION CITY OF T	MD				
	21. BIGHATURE OF FUNERAL SERVICE LICENS	M. Este	\bigcirc	Adam	o address of fa is Funera	CILITY						
	23. PART I. Eriter the diseases, or companion, or breast failure. Liet IMMEDIATE CAUSE (Final	only one cause on elici	h line.	ot enter the mod	de of dying, suc	h as cardiac or respir	ratory arrest,	Approximate interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Se. Enter UNDERLYING USE (Disease or injury t initiated events C. Due to (OR AS A CONSEQUENCE OF):										
AL CEF	PART II. Other significant conditions co	ontributing to death but	not resulting in	the underlying	cause given in	Part I. 24a. WAS AN	MITTOPSV 244	. WERE AUTOPSY FINDINGS				
EDICA						PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDIC								1 YES 2 NO				
SICI		OSBITAL:		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)						
ву РНУ	27. MANNER OF DEATH 1 Sestural 5 Pending 2 Accident Investigation	28s. DATE OF BUURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building, etc., (Specify)										
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On							i) and manner as stated.				
BE	296. SIGNATURE AND SITLE OF CERTIFIER	11/2	lule		esc. LICENSE NUM	1999	29d. DATE SIGNED	(Month, Gey, Year)				
2	David Fede	MPLETED CAUSE OF DEATH	(ITEM 27) (Type, I	Leon	ard to	own M	d					
	\$1. DATE FILED (MORTH, Day, Year)	32. REGISTRAR'S SIGNATU										

e 6 may be retained by the hosp	ector, page 5 should be detache		must be notified at once.
d within nours after death. Pag-	ampletely filled in by the funeral dir	I, cremation, or removal.	event, the medical examiner
at the death certificate be executed	by the attending physician and co-	and Mental Hygiene prior to burial,	y Injury, or other traumatic e
PHYSICIAN: The law requires this	this certificate has been signed	with the State Dept. of Health :	rked, or Item 23 shows an
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DECEDENT'S NAME (First, Middin, Last) Theresa Alma O'Neal Turner 2. Date of peath Month and O'Neal Turner 2. Date of peath of turner 2. Date of peath of turner 2. Date of peath of turne	Foreign TTY NO 7												
Theresa Alma O'Neal Turner 4. Social Security Number 2.20-32-2971 1	Foreign TY NO 7												
Secontry Secontry	NO ?												
Secounty of death Secondary Seco	NO ?												
Cecilton/Warwick RD (at home) RESIDENCE OF DECEDENT 106. STATE 106. COUNTY MD Cecil Warwick 106. CITY, TOWN OR LOCATION UNITY MD Cecil Warwick 106. CITY, TOWN OR LOCATION Warwick 106. STREET AND NUMBER Cecilton/Warwick Road Box 855 21912 USA 107. STREET AND NUMBER Cecilton/Warwick Road Box 855 21912 108. STREET AND NUMBER Cecilton/Warwick Road Box 855 21912 USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA USA 109. CITIZEN OF WHAT COUNTRY? USA USA USA USA USA USA USA US	NO ?												
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10e. STREET AND NUMBER Cecilton/Warwick Road Box 855 21912 USA	? adien,												
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15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 Produce Market Turner's Produce 17. FATHER'S NAME (First, Middle, Lest) Clifton J. O'Neal, Sr. 19a. NFORMANT'S NAME (Type/Print) Robert T. Turner, Sr. 19a. METHOD OF DISPOSITION 17. FATHER'S NAME (First Specify) 20a. METHOD OF DISPOSITION 17. Formal 2 cremetion 3 Removel from State 4 chery place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home, P.A. 226. F. Main St. Cecilton MD. 21913	9												
Clifton J. O'Neal, Sr. 19a. INFORMANT'S NAME (Type/Print) Robert T. Turner, Sr. 20a. METHOD OF DISPOSITION 1 Yourlast 2 Cremetton 3 Removes from State 4 Donation 5 Other (Specify) 21. Signature Of Funeral Service Licensee 22. Name and Address of Facility Fellows Funeral Home, P.A. 226 F. Main St. Cecilton MD 21913													
Clifton J. O'Neal, Sr. 19a. INFORMANT'S NAME (Type/Print) Robert T. Turner, Sr. 20a. METHOD OF DISPOSITION 1 Yourlast 2 Cremetton 3 Removes from State 4 Donation 5 Other (Specify) 21. Signature Of Funeral Service Licensee 22. Name and Address of Facility Fellows Funeral Home, P.A. 226 F. Main St. Cecilton MD 21913													
Clifton J. O'Neal, Sr. 19a. INFORMANT'S NAME (Type/Print) Robert T. Turner, Sr. 20a. METHOD OF DISPOSITION 1 Yourlast 2 Cremetton 3 Removes from State 4 Donation 5 Other (Specify) 21. Signature Of Funeral Service Licensee 22. Name and Address of Facility Fellows Funeral Home, P.A. 226 F. Main St. Cecilton MD 21913													
Clifton J. O'Neal, Sr. 19a. INFORMANT'S NAME (Type/Print) Robert T. Turner, Sr. 20a. METHOD OF DISPOSITION 1 Yourlast 2 Cremetton 3 Removes from State 4 Donation 5 Other (Specify) 21. Signature Of Funeral Service Licensee 22. Name and Address of Facility Fellows Funeral Home, P.A. 226 F. Main St. Cecilton MD 21913													
19a. INFORMANT'S NAME (Type/Print) Robert T. Turner, Sr. 20a. METHOD OF DISPOSITION 17 Denation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) 20c. LOCATION — City or Town, State other place) Calena, MD 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home, P.A. 226 F. Main St. Cecilton MD 21913													
Robert T. Turner, Sr. Same as above													
20a. METHOD OF DISPOSITION 1XXPurial 2 Cremetion 3 Removal from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ACLUSION FUNERAL SERVICE LICENSEE Fellows Funeral Home, P.A. 226. F. Main St. Cecilton MD 21913													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Fellows Funeral Home, P.A. 226 F. Main St. Cecilton MD 21913	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)												
Fellows Funeral Home, P.A. 226 F. Main St. Cecilton MD 21913	9												
KAUSE 226 F Main St. Cecilton MD 21913													
23. PART I. Enter the Assesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately													
	Between and Desth												
DUE TO (OR AS A CONSEQUENCE OF):													
Sequentially list conditions, if any, leeding to immediata cause. Entar UNDERLYING													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
resulting in death) LAST													
G													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. Was AN AUTOPSY PERFORMED? 1 Yes 2 No OF DEATH?	OT RO												
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO COMPLETION OIL OF DEATH? 1 YES 2 NO COMPLETION OIL OF DEATH? 1 YES 2 NO COMPLETION OIL OF DEATH? 1 YES 2 NO COMPLETION OIL OF DEATH? 1 YES 2 NO COMPLETION OIL OF DEATH? 1 YES 2 NO COMPLETION OIL OF DEATH? 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28a. DATE OF INJURY All WORK? 28b. TIME OF INJURY AIR WORK?	_ NO												
ž													
25. WAS CASE REFERRED TO MEDICAL EXAMINER? A HOSPITAL: OTHER:													
1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 29b. TIME OF 26c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED													
1 Natural 6 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO													
2 Accident Investigation 2 Accident Investigation 3 Suicide 6 Could not be Suiciding, stc. (Specify) Suicide 10 City or Town, State)													
4 Homicide determined													
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as													
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as	a stated.												
296. SIGNATURE AND THE SIGNED (Month, Day, Year	ar)												
W- X 0 1013114													
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Or. Henry Farkas Northern Chesapeake Hospice 111 Howard St. Elkton	, Md												
Dr. Henry Farkas Northern Chesapeake Hospice III Howard St. Elkton 31. DATE FILED (MORTH, Day, Year) MAR 0 2 '93 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle 21921													



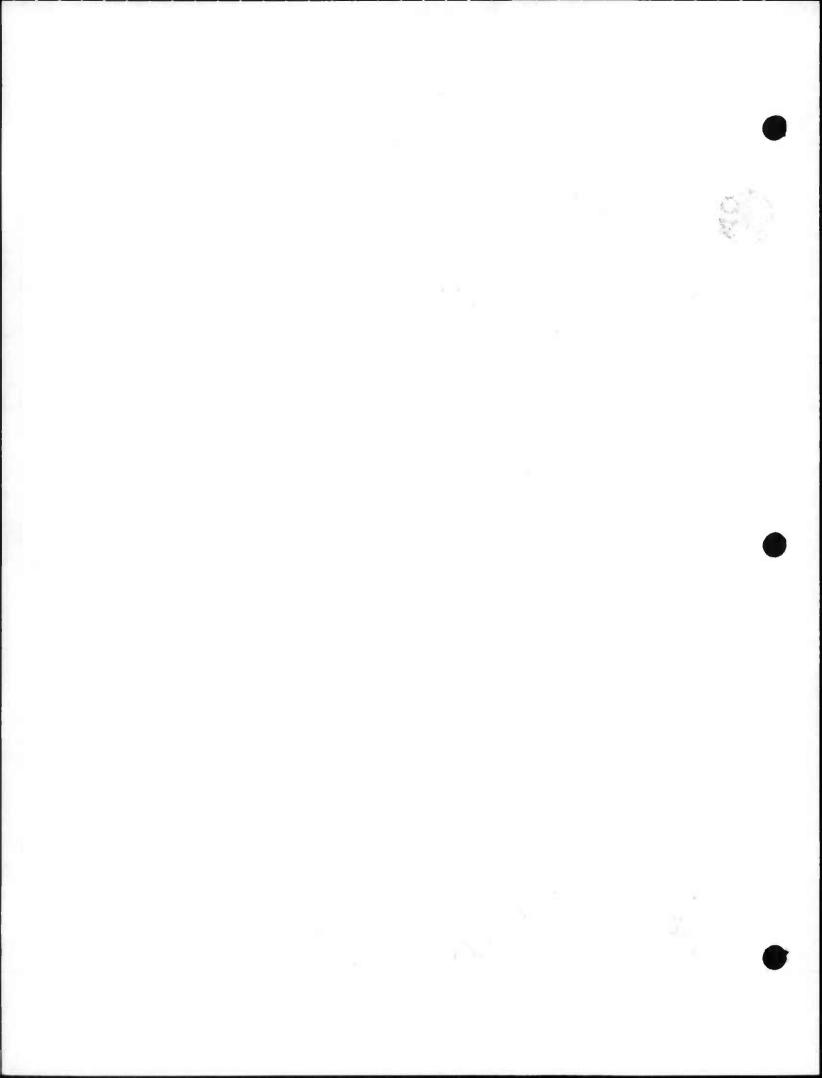
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BALTIMORE, MARYLAND 2121	L OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	F
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND	DEPARTMENT O	F HEALTH A	ND MENTAL	HYGIENE			
CERTIFICATE OF DEATH								

	1 - STATE REGISTRAR	SIAIE UF MAI	KYLAND / DEPAH CERTIF	ICATE O			NTAL HYGIENI REG. NO.	E			
- 2.0	1. DECEDENT'S NAME (First, Middle, Last)	m.	VAUGHAN)			. DATE OF DEATH	- 93	S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-44-4196	5. SEX 6.	AGE (In yrs. last birthday) 94 YRS.	IF UNDER 1 YEAR MONTHS DAY	-	MIN.	DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country) eW York		
OR	90. FACILITY NAME (If not institution, give	street and number)	Center	96. CITY, TOW	PRS 60			TOP DEATH			
DIRECTOR	MESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CTT	Y, TOWN OR LO	CATION	/		10d. INSIDI CITY LIMITS?			
	Maryland Monte 100. STREET AND NUMBER	gomery	Gai	thersbu I	rg 101. ZIP COD	E		1 [X YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	401 Russell Ave.	Apt.#413		208	77		U.S.A	١.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	ES 2 NO If yes, specify Cuban, Mexican, I				ORIGIN? (Specify Yes Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us	work done during	TION most of worldin	ng	16b. KIND OF BUS	INESS/INDUS	TRY		
5+ Agriculture Economist U.S. Government											
	17. FATHER'S NAME (First, Middle, Lust) Horatio S. Vaugha	ın.				tha Mo	(First, Middle, Maiden \$	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)	.11	19b. MAILING	ADDRESS (Stre			te Number, City or Town	, Stata, Zip Co	ode)		
F	Carol V. Ascherfe	1d				Bree	ze, Flori				
	20a, METHOD OF DISPOSITION 1	noval from State	20b. PLACE AND DATE of the comment o	ther place)					a, Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Metropotic	22. NAME	AND ADDRE	SS OF FACIL	ПУ	anulla	a, viiginia		
	> >.2	. (Fat						thers	burg, MD 20877		
CERTIFICATION	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death O										
MEDICAL	PART II. Other significent condition Recurrent Food			In the underly	ing ceuse g	given in Pa	rt I. 24a. WAS AN / PERFORI _ 1 _ YES 2*	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NOT		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Whatmaliant 2 DOA	QTHER:	PLACE OF D						
Ë	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,)	URY 28b. TIM		OME 5 Re		Other (Specify) Bd. DE\$CRIBE HOW IN	JURY OCCUR	RED		
2	1 Natural 5 Pending 2 Accident Investigation			M 1 [YE\$ 2	NO					
3 Suicide 4 Homicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated. 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated. 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and due to the cause(a) and									Rural Route Number,		
OMPL		SICIAN: To the best of my IER: On the basis of exami							ause(a) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	211			29c. LICE	ENSE NUMBE	R I	29d. DATE SI	IGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Toron	M D	0	723	1	▶ 3	3-3-93		
	207 Brookes At 31. DATE FILED (MONTH), Day, Your)	UE COLLA	hersbur	gmi	2,203	877,	amas	R.1	Moore Jam		
	MAR 04 '93	Julia D	evidson Banda	PL.							



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	MENT OF H		MENTAL HYGIEN REG. NO.	_			
1. DECEDENT'S NAME (First, Middle	; Last)		OAIL O.	DLAIII	2. DATE OF DEATH		3. TIME OF DEATH		
Henry		Valentine	2		02 24		EAR		
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign		
436-28-7181	1 📡 M 2 🗌 F	67 YRS.	MONTHS DAYS	HOURS MIN.	01-04-192	26	Louisiana		
9e. FACILITY NAME (If not institution				OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
1011 DeBeck	Drive		Rock	ville		Mont	gomery		
20071111000	COUNTY	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY		
Maryland	Montgomery		Rockvi	.lle			LIMITS? 1 ☐ YES Ž(XNO		
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
1011 DeBeck					0851		U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2X NO	If yes, sp	ecify Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, atc. Specify: Black		
15. DECEDENT (Specify only highes		16a. DECEDENT'S U	USUAL OCCUPATION	ON at ad unordring	18b. KIND OF BUS	SINESS/INOUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during more retired.) Cenance		U.S. P	ostal	L Service		
17. FATHER'S NAME (First, Middle, Li				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)			
Henry Valentine, Sr. Alberta Thomas									
196. INFORMANT'S NAME (Type/Print) Keith Valentine (Son) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1011 DeBeck Drive, Rockville, MD 20850									
20e. METHOD OF DISPOSITION	20e. METHOD OF DISPOSITION 1								
4 Donation 5 Other (Specif))	Metropoli	tan Cr	ematory	/2/27 Ale	xandr	cia, VA		
21. SIGNATURE DE PRIMERAL SERVICE LICENTEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A.									
ROCKVILLE, MD 20850									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or neert feilure. List only one cause on each line.									
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Smoke	Inhalat	ion ar	d Ther	nal Injur	mich	Intervel Between Onset and Death		
	DUE TO (OR /	S A CONSEQUENCE OF)	:			3	0		
Sequentielly list conditions, if any, leading to immediate	OUE TO (OR A	S A CONSEQUENCE OF)	:						
cause. Enter UNDERLYING CAUSE (Disease or injury	с								
that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF)	:						
	C d								
PART II. Other algnificent con	ditions contributing to deet	h but not resulting in	the underlying		DEDECO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
Massacc	note card	Howascu	las 0	SEUSE	1 TO YES 2		COMPLETION OF CAUSE OF DEATH?		
					_ ´		1 YES 2 NO		
25. WAS CASE REFERRED TO MEDIA	CAL								
EXAMINER?	HOSPITAL:	National B 100	OTHER.	ACE OF OEATH (Che					
27. MANNER OF DEATH	1 inputient 2 in ER/C			9 5 Hesidence	6 Other (Specify) 28d. DESCRIBE HOW IN	HIDV OCCUP	50		
1 Natural 5 Pending	(Month, Day, Yea	r) INJU	RY WO	RK?					
296. PLACE OF INJURY — A home, farm, street, fectory office									
4 Homicide determi	ned Building, etc. (S	home			City or Town, State) 1011 DeB	eck D	rive		
29e. CERTIFIER (Check only	PHYSICIAN: To the best of my ki	nowledge, death occurred	at the time, date	end place, end due					
one) 2 MEDICAL EX	AMINER: On the besie of examina						ouse(e) end manner ee stated.		
296. SIGNATURE AND TITLE OF CE	RTIFIEH			29c. LICENSE NUN	IBER	29d. DATE SI	GNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PRISO	XX _			O.C.M	.E.	02	25 1993		
AMDIXON	WHO COMPLETEO CAUSE OF			eet, Ba	iltimore,	Marv	land 21201		
31. DATE: FILED (Month, Day, Mar)	32 PREGISTRAR'S S Julia David	GNATURE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

Legalery

DHMH-16 Rev 1/89

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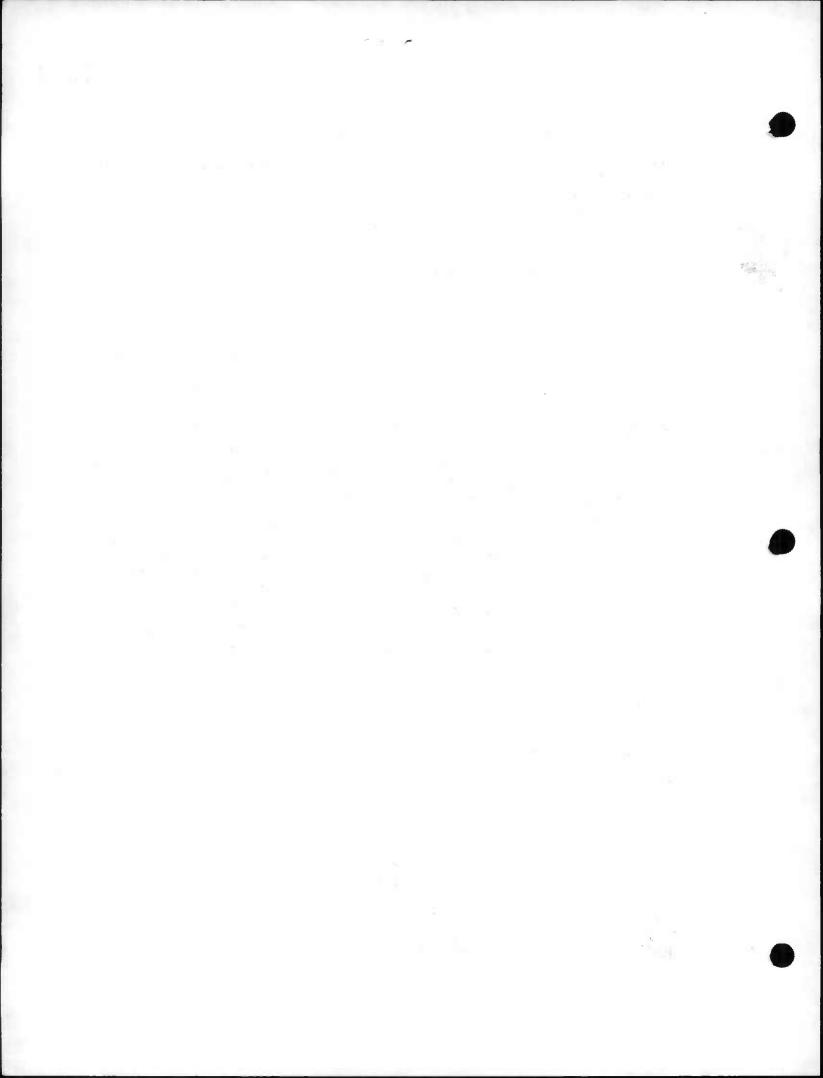
	1 - STATE REGISTRAR	STATE OF T	MARYLAND / I		ICATE				NENIAL HYGI REG.				
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	н	756	3. TIME OF DEATH	
		Joseph	Harris	on	Van	Dyk	е		March	2, 1	993	1042	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last i		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yes April 23	(r)	Coun		7
	217-20-5407	1 🔀 M 2 🗌 F	65	YRS.								rginia	
OC.		9a. FACILITY NAME (If not institution, give street and number) Union Hospital of Cecil County						ON OF DE	ATH		OUNTY OF	DEATH	
Ē	RESIDENCE OF DECEDENT	1 Cecii	County		E,	lkto	11				ecil		
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN C		ION					10d. INSIDE CITY LIMITS?	
	Maryland Ceci	1		Elkton							1 TYES 2 NO		
FUNERAL	10a. STREET AND NUMBER 1695 East Old Ph	ia Poad				ZIP CODI 2192				U.S.A.			
N N	11. MARITAL STATUS								IC ORIGIN? (Specif		- 14. RAC	E - American Indian.	
	1 Never Married 2 Married	FORCES?	MAR OR DATES			it yes, sp		n, Mexicar	n, Puerto Rican, atc		Spe	ck, White, atc.	
) BY	3 Wildowed 4 Divorced											White	
H	15. DECEDENT'S EDUC (Specify only highest grade		16a. DEC	EDENT'S	work done	during mo	N st of workin	ng	16b. KIND OF	BUSINESS/	NDUSTRY		
F.	Elamentary/Secondary (0-12)	College (1-4 or 5	4)		/Man				Firew	orks	Manuf	acturing	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			•			16. MOTI	HER'S NAI	ME (First, Middle, Mi	iden Surname	1)	· -	
BE C	Henry H.	Van Dyke							Etta V.	Reed	У		
TO B	19a. INFORMANT'S NAME (Type/Print)								Route Number, City o				
	Sandi S. Van Dyk	е			_		_		phia Roa -6-93 20			n, MD 2192	1
	1 X Burial 2 Cremation 3 Rem	oval from State	other plac	00)				_				, Maryland	
	21. BIONATURE OF FUNERAL SERVICE LIC	ENSEE	/ / .	1					or Funer			, Haryrana	
	1 Salph	2 &	2/10	6,	\mathcal{Y}	103	West	Sto	ckton St 21921-55	reet			
	23. PART I. Enter the diseases, or o	complication, the	at caused the dea	ith. Do							arrest,	Approximata	
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ca	gae on each line.	1	1	7		10)	1		Interval Betw Onset and De	
	disease or condition resulting in death)		uli	Č	L	w	VA	W	mercu	Just	Regs	1	
		DUE TO	HOR AS A CONSEQ	MENCE C	NF):	1			00	D. U.	1	-	
ON	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A STORESEO	UENCE C	94	1	yi	0	7	Mari	el	7	
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	· G	cute		6.	4	(3	Lock	0207	Cene	54-64-	
TIF	that initiated eventa reaulting in death) LAST	DUE Y	HOR AS A CONSEC	UENCE	7	1	11	1	0	A	100	2	
CERTIFICATION	Tourising in duality Exter	4 6	Lee	de	7	A	17	_	Jan	we	CRE	en	
CAL	PART II. Other significant condition	ns contributing to	death but not re	eulting	in the ur	ndertyln	g cause	given in		S AN AUTOPS	IV 24	MAILABLE PRIOR TO	
	-								1 🗆 Y	ES 2 🗆 NO		OF DEATH?	5E.
Z									- 1			1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)	_			-
PHYSICIAN: MED	EXAMINERY 1 YES TOO	HOSPITAL:	☐ ER/Outpetient 3	DOA:	4 D Nu	R:			6 Other (Specify				
HY	27, MANNER OF DEATH	26s. DATE O	F INJURY Day: War)	20b. Til	ME OF		URY AT		28d. DESCRIBE H	OW INJURY	OCCURED		
ВУ	1 Statural 5 Pending 2 Accident Investigation	11 307-07-05	VATE OF E-10		м	1	YES 2	100					
ED	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At hor , etc. (Specify)	me, furm,	street, tec	tory, offic			281. LOCATION (5 City or Town,		ber or Fluis	/ Route Number	
Ē			À			1							-
COMPLET	(Check only one) 2 MEDICAL EXAMINE		of my knowledge, dea		1	1			time data and pla			e(e) and manner as etales	
	29b, SIGNATURE AND TITLE OF CERTIFIE			/	1/	_		ENSE NUI				ED (Month, Dey, Year)	
BE (JOSEPH G. L		1. D. /m	4/	She.	u_		0618			3/4		
5	30. NAME AND ADDRESS OF PERSON W					0							7-
	Joseph G. Lanzi			ige	Stree	et -	Elk	ton,	MD 219	21			
	31. DATE FILED (Month, Day, Year) MAR 0 5 '93		AR'S SIGNATURE	92									
		The same and the same of	The second secon										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the function by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

12



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

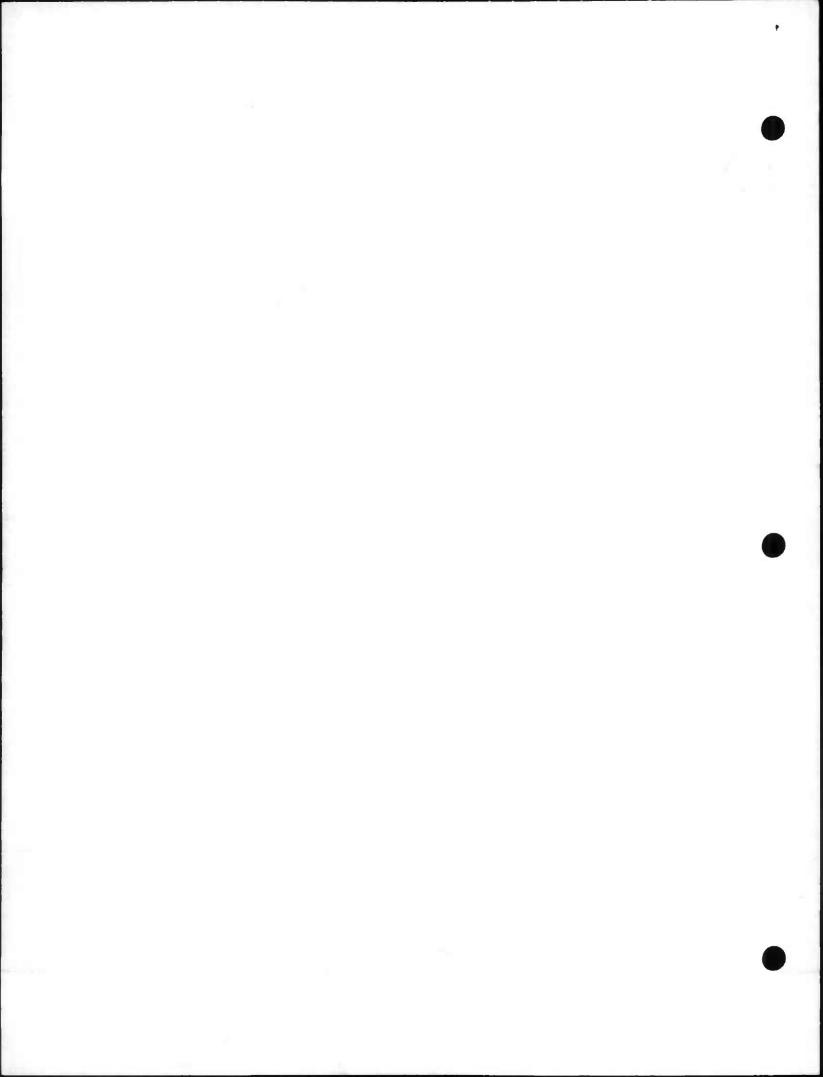
REGISTRAR				CERTIFIC	CATE OF	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First,	, Middle, Last)						2. DATE OF MONTH	DEATH			3. TIME OF DEATH
GLA	DYS	WI	LLS				FEB.	24,	199	3	5:50 P M
4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yr	· · ·	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D			8. BIRTHPL Country)	LACE (State or Foreign
108-14-4031	<u>L</u>	1 □ M 2 🔀 F	92	YRS.	ONTHS DAYS	HOURS MIN.	JULY		900		YORK
9a. FACILITY NAME (If not in	stitution, give s	treet and number)		1	b. CITY, TOWN	OR LOCATION OF				TY OF DEA	
CIRCLE M	ANOR I	NURSING H	OME		KENS	SINGTON			MON	TGOME	ERY
RESIDENCE OF DEC											
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC					- 1	10d. INSIDE CITY LIMITS?
MD.	MON	IGOMERY			KENS:	INGTON				3	YES 2 NO
10e. STREET AND NUMBER					1	Of. ZIP CODE			10g. CITIZI	EN OF WH	IAT COUNTRY?
10231 CA	RROLL	PL.				208	395	ı		U.S.	.A.
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMED		CENDENT OF HISP			or No—	14. RACE -	- American Indian, White, etc.
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W				pecify Cuban, Mexic S 2 7 ND Spec		in, etc.)		Specify:	
**	WHITE										
15. DEC (Specify onl)	EDENT'S EDU y highest grade	completed)	16:	(Give kind of wo	rk done during n	TON nost of working	16b. KJ	NO OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12) College (1-4 or 5+) Illie. Do NOT use retired.)											
12				HOUS	EWIFE				H TA	OME	
17. FATHER'S NAME (First, M						18. MOTHER'S N		lle, Maiden S	Sumeme)		
	ARLES	STOC	UM			RI	EBECCA			UNKN	OWN
19a. INFORMANT'S NAME (7)	ype/Print)				DDRESS (Street	and Number or Rura	l Route Number,	City or Town	, State, Zip (Code)	
ROBERT E	BARRETT	Ţ.		626	ST. I	V.E., WAS	SHINGTO	N. D.	C. 20	0009	
20a. METHOD OF DISPOSITI		ovel from State		ACE AND DATE OF			DATE	20c. LOC	ATION — C	ity or Town	n, State
4 Donation 5 Other	(Specify)		- CH	AMBERS (REMATY	ORY 2/2	7/93	RIV	ERDA	LE, 1	MD.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
MOOO91 W. W. CHAMBERS CO. INC. SILVER SPRING MD.											
22 DATT I Enter the discourse or complications that are added to the desired to the desired to the discourse of the discourse											
shock, or he	eert failure.	List only one cau	se on each	iine.	r enter the M	ode or dying, su	ch as cardiac	or respir	atory arre	st,	Approximate interval Between
iMMEDIATE CAUSE (Fin disease or condition	nel	1 -	1		1	- 1	1 -	A			Onset and Death
resulting in death)	→	elle	xe-	Myoc	erde	locat	Karek	Roch			6-Kocer
		DUE TO	(OR AS A CO	NSEDUENCE OF):	2	D. 4	1				
Sequentially list conditi	ions,		De Production No.		le -1	Clack	der	care			grh.
If any, leading to immed cause. Enter UNDERLY		DOE 10	(OH AS A CO	NSEDUENCE OF):							1
CAUSE (Disease or Inju		Dire TO	(DR AS A CO	NSEDUENCE OF:							
that initiated events resulting in death) LAS	T	502 10	(DIT AS A CO	NAEDUCNCE OF):							i
		d,									-
PART ii. Other significa	nt condition	s contributing to	death but r	not resulting in	the underlyl	ng cause given in	n Part I. 24	a. WAS AN	UTOPSY	24b. V	VERE AUTOPSY FINDINGS
								PERFORM			WAILABLE PRIOR TO COMPLETION OF CAUSE
							— ¹	YES 2	NO NO	0	OF DEATH?
							-			1 1	YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL		_								
EXAMINER?	- MEDIONE	HOSPITAL:			THER:	PLACE OF DEATH (C					
1 YES 2 NO		1 Inpetient 2 I	_	nt 3 🗆 DOA 4		me 5 Residence	_		-		
	Pending	(Month, D		INJUF	TY W	JURY AT ORK?	28d. DESCRI	IBE HOW IN	JURY OCCU	JRED	
2 Accident	Investigation					YES 2 NO					
	Could not be	building,	etc. (Specify)	At home, farm, str	eet, factory, off	ce	28f. LOCATIO	ON (Street ar own, State)	nd Number o	r Rural Rou	ute Number,
29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledg	e, death occurred	at the time, dat	e and place, and du	e to the cause(e) and menr	er as stated	d.	
one) 2 MEDI	CAL EXAMINE	R: On the basis of a	camination an	d/or investigation,	In my opinion,	death occured at th	e Ilme, data and	place, and	due to the	cause(a) a	and menner as stated.
296. SIGNATURE AND JULE	OF CERTIFIER	- //			-	29c. LICENSE NO	IMBER		29d DATE	SIGNED /A	Mogth, Day, Year)
2 Zdi	KRI	och an	1 A	1.0.			874		D 7	120	10>
30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CALL	E OF DEATH	(ITEM 27) /Type P	rint)				/	-3/	7)
B. N. ROSE	ENB	AUM	372	O FA	RRAG	UT AUE	KE	NSI	V67	ON,	MD
MAR 03	9 3	32. REGISTRA	Davidses							-	20195

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

al n STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 07250

		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE		07250		
		1. DECEDENT'S NAME (First, Middle, Last)	E. WI	INANS			2. DATE OF DEATH MONTH		3. TIME OF DEATH		
63			1 M 2 XF	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) August 3	0,1991	BIRTHPLACE (State or Foreign Country) MD		
	стов	Shady Grove Adversidence of December 1		ital	Rockv	ille	ATH	11	gomery		
t. Pages 1	DIREC	10e. STATE 10b. COUNTY	tgomery		aithersb				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
nsit permit.	ERAL	10e. STREET AND NUMBER 10418 Capehart				7. ZIP CODE 20879)		N OF WHAT COUNTRY?		
or attending physician.	BY FUN		12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	ENDENT OF HISPAN	IIC ORIGIN? (Specify 1 n, Puerto Rican, etc.)		Black, White, etc. Specify: White		
al or attend for use as	LETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of s life. Do NOT us	USUAL OCCUPATIO work done during mos se retired.)	ON st of working	16b. KIND OF E	SUSINESS/INDUS			
the hospital detached for	COMPLET	17. FATHER'S NAME (First, Middle, Last)		No	ne	18. MOTHER'S NA	MF (First, Middle, Maid	N/A en Sumame)			
e pe	BE C	Jeffrey	T. Winans		18. MOTHER'S NAME (First, Middle, Maiden Surname) Melanie Wilson 19b. MAILING AODRESS (Street and Number or Fural Foute Number, City or Town, State, Zip Code)						
be retained ge 5 should motified	5	19a. INFORMANT'S NAME (Type/Print) Jeffrey T. Winan	ns	1			Gaithers				
Page 6 may be il director, page		20a. METHOD OF DISPOSITION 1 M Burlal 2 □ Cremation 3 □ Remov 4 □ Donation 5 □ Other (Specify)	20b.	PLACE AND DATE	of Disposition (National Place) ak Cemeto	ame of		LOCATION — CIT	y or Town, State		
	7	21. SIGNATURE OF FUNERAL SERVICE LICEI		ellen	22. NAME AN	ND ADDRESS OF FAC	DeVol	Funera			
24 hours at filled in by ion, or remethe		23. PART I. Enter the diseases, or conshock, or heart failure. Lift IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused list only one cause on ea	ach line.	not enter the mo	de of dying, such	h as cardiac or res	piratory arres			
T.O. BOX 687. The certificate be executed ending physician and com I Hygiene prior to bunal, or other traumatte en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (DR AS A CONSEQUENCE OF):									
The Law requires that the dear the has been signed by the att are Dept. or Health and Merria em 23 shows any injury.	MEDICAL	PART II. Other significant conditions Congertel	west de	ut not resulting Peore burns		g cause given in	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ALM he law re has bee Dept. o	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ack only one)				
SICIAN: The certificate to the State to the State to or item	YSIC	1 TYES 2 ND	HOSPITAL: 1 Inpatient 2 ER/Output	etlent 3 🗆 DOA	OTHER: 4 Nursing Home	ne 5 🗆 Residence					
R with S	ВУ РНУ	27. MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	HURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOY	/ INJURY OCCUI	AEO		
TTENDI TTENDI Anter de	ETED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, :	street, factory, office	•	28f. LOCATION (Stree City or Town, Sta	it and Number or te)	Rural Route Number,		
	COMPLE		An: To the best of my knowledge of the pessis of examination						cause(a) and menner as stated.		
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: II	H	206. SIGNATURE AND TITLE OF CENTIFIER	when a			29c, LICENSE NUN	408	29d. DATE S	SIGNED (Morith, Day, Year)		
FFA	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print GA17	MBRI.	rul_	202	877		
		MAR 04 93	32. BEGISTRAR'S SIGNA	ATURE REGISER			=				



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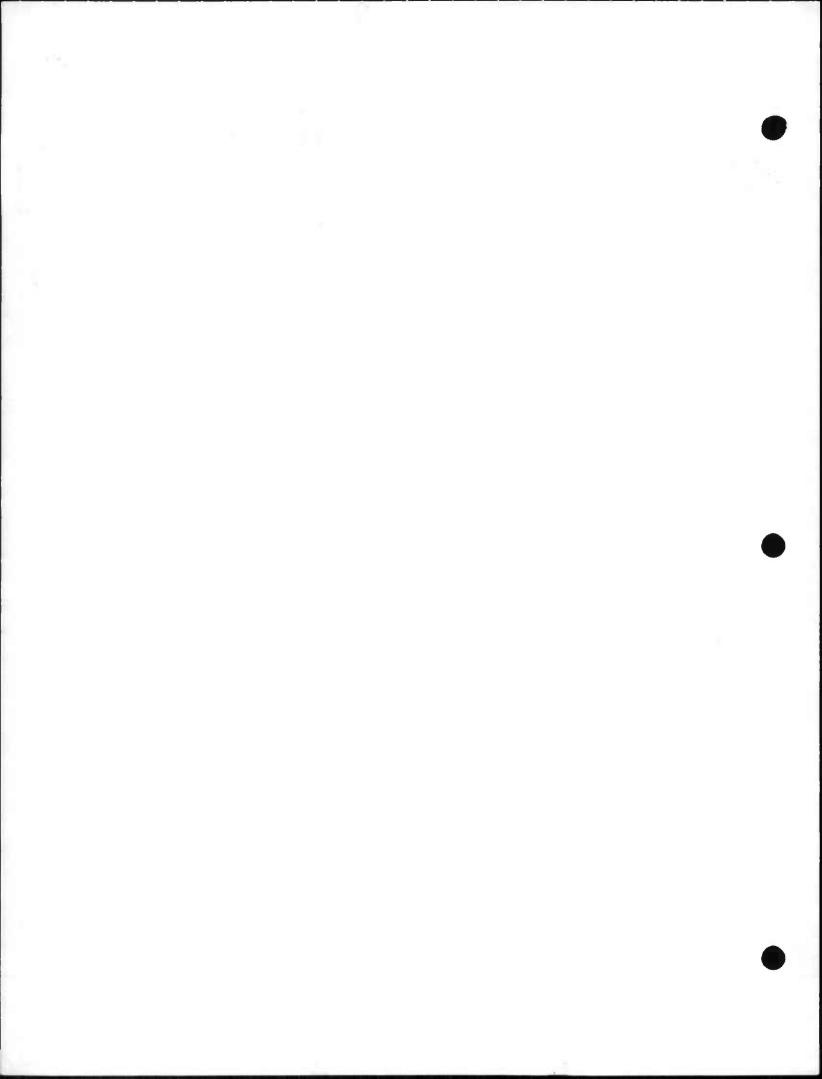
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFICATE		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) R	· WATS	SON	2. DATE OF DEATH	1 93	5. TIME OF DEATH			
5	337-03-1988 112/m 2/1 F 8	YRS. MONTHS De	EAR IF UNDER 34 HRS. AVE HOURS MIN.	7. DATE OF BIRTH (Month, Day, West)	COL	THPLACE (State or Foreign INT) LINOIS			
TOR HOT	9a. FACILITY NAME (If not institution, give street and number) WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY								
DIRECTOR	MARYLAND MONTGOMERY	SILVER S				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10a. STREET AND NUMBER 2812 CALVERTON BOULEVARD		101. ZIP CODE 2090	4	USA	F WHAT COUNTRY?			
A	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO H ye	B DECENDENT OF HISPA He, specify Cuben, Mexico YES 2 NO Speci		BI	ACE — American Indian, ack, White, etc. ecily: WHITE			
OMPLETED		16a. DECEDENT'S USUAL OCCU (Give kind of work done durk life. Do NOT use retired.)	PATION ng most of working ITHOGRAPHE	R III C					
20 m	17. FATHER'S NAME (First, Mickelle, Last) THOMAS WATSON		18. MOTHER'S NA	W. S. 1					
TO B	19a. INFORMANT'S NAME (Type/Print) DONALD T. WATSON	196. MAILING ADORESS (SI	treet and Number or Rural			MD 21133			
r must be	1X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) GAT	PLACE AND DATE OF DISPOSITION (1974), cremetory or other place) TE OF HEAVEN	ON (Name of CEMETERY	2/28 SILV	CATION — City of VER SPR	Town, State			
ехатіпег	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 209								
event, the medical	015 00 100 100 100 100 100 100 100 100 1	et line.	5		ratory arreat,	Approximate interval Betwood Onset and Do			
OF OTHER TRUMBUCE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to death but COVONOLY AND	ty Discease			AUTOPSY 2 MED? NO	4b. WERE AUTOPSY FINDS MAILABLE PROR TO COMPLETION OF CAM OF DEATH? 1 YES 2 NO			
ed, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
marked, or BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF 18b. INJURY 28b	c. INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED				
m 28 ls ETED	3 Usuicide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY – building, etc. (Specify				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
휘시	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, date and place, and due to the cause(s) and manner as stated.								
IMPORTANT: IF	29b. SIGNATURE AND PITLE OF CERTIFIER	'mb	29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT 10 H	2520 Pre	spente	1 Dr Silve	ef Spr	ing mula			
	JA. NEUISTRAN S SIGNA								

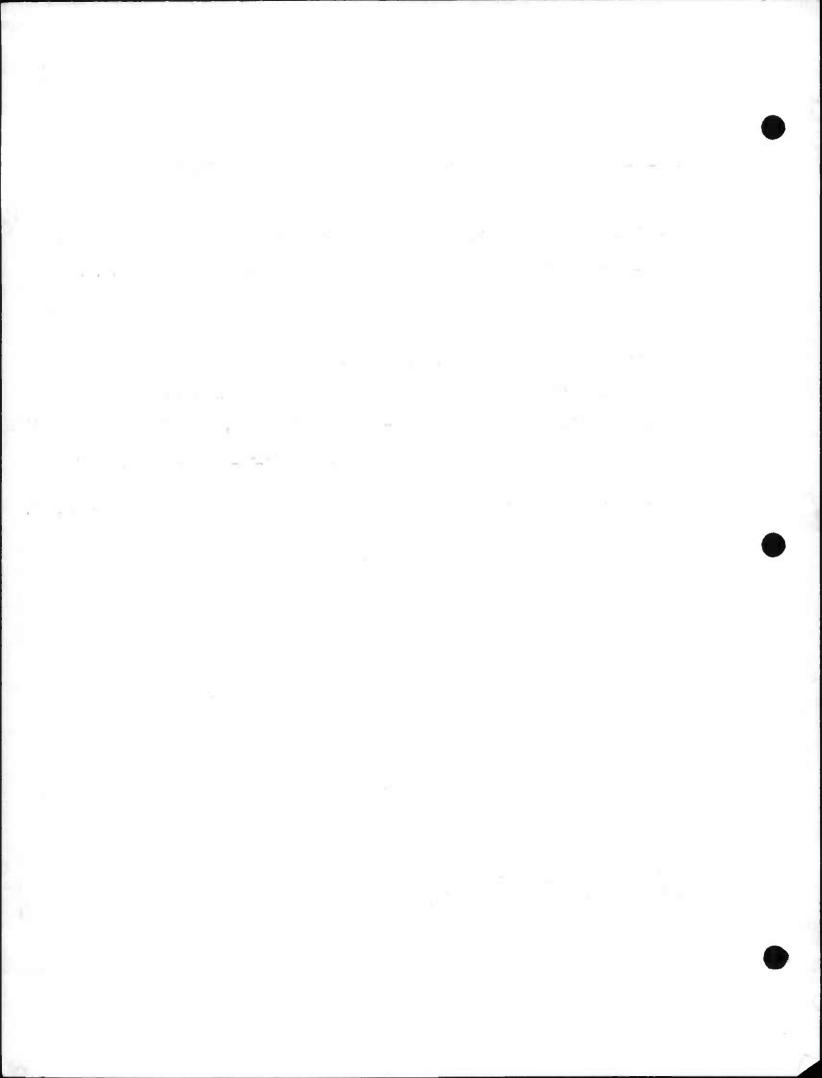
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



		1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last) GREGORY	Lee		WIL		2. DATE OF MONTH	DEATH DAY	3. TIME OF DEATH	
BALTIMORE, MARYLAND 21215_0020 er death. Page 6 may be retained by the hospital or attending properties of the properties of the funeral director, page 5 should be detached for use as the material permit. Pages 1, 2, 3 should val. I examiner must be notified at once.		4. SOCIAL SECURITY NUMBER 220-54-4919	5. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D) June	DIRTU I	93 8:07 P.M B. BIRTHPLACE (State or Foreign Country Maryland	
	۵.	9a. FACILITY NAME (If not institution, give s			CITY, TOWN	OR LOCATION OF DI			TY OF DEATH	
	DIRECTOR	SHADY GROVE HO RESIDENCE OF DECEDENT 100. STATE 10b. COUNT			OCKVI			TNOM	TGOMERY	
	DIRIC	Maryland	Frederick	100. 0114, 10	Ij	jamsville	9		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	2	100. STREET AND NUMBER 2402-A Green Val	ley Road		100	ZIP CODE	54	10g. CITIZI	U.S.A.	
	E A	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 Tyes IF YES, GIVE WAR OR DATE	2 🛴 NO	It yes, sp	ecify Cuban, Mexica 2 NO Specifi	n, Puarto Rica		4. RACE — American Indian, Black, White atc. Specify: White	
	PLETED	15. DECEDENT'S EDU (Specify only highest grade ElementapySecondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during ma ired.)	ON st of working	16b. KIP	Farmin		
	-10	17. FATHER'S NAME (First, Middle, Last) Donald Lee Wilc	om.					le, Maiden Surname) Burrier	0	
		19a. INFORMANT'S NAME (Type/Print) Donald Lee Wilcom 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 2102-B Green Valley Road, Ijamsville, Maryland 2175								
	r must be	20a. METHOD OF DISPOSITION X Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACEANDDATE OF DISPOSITION (Name of Mount of Town, State Mount of Town								
BALTII after death. Pa y the funeral or	il examiner	21. SIGNATURE OF FUNERAL SERVICE LIC	C. Basford	M00021	K	.06 East	d Basi	Cord Funer	Frederick, Md.	
Executed within 24 hours after and completely filled in by the obunal, cremation, or removal.	natic event, the medical	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. Strychnine DUE TO (OR AS A C	Poison		de of dylng, suc	h as cardiec	or reapiratory arres	Approximate interval Between Onset and Death	
RECORDS, P.O. BOX requires that the death certificate be signed by the attending physician of Health and Mental Hygiene prior theorex any injury, or other traus	RTIFIC	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.								
	MEDICAL	PART II. Other significant condition	s contributing to death but	not reaulting in th	e underlying	g ceusa given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
一年 电器	PHYSICIAN:	25. WAS CASE REFERNED TO MEDICAL EXAMINER? XIX YES 2 \ NO NO NO NO NO NO NO NO NO NO								
PHYSICI this cer	-3rc	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) Found: 3-7-93	28b. TIME OF FOUR HUNTY 7:40 P	28c. INJ WO		28d. DESCRI	BE HOW INJURY OCCU		
TTENDI TOR: A after d		2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	ulcide 6 Could not be 28a. PLACE OF INJURY — At home, term, street, factory, offica building, stc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 24028 Green Valley Road			
L OR	ANT: If Item 28 is COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attated. 2 DECIDION OF THE DESIGN OF THE DE								
TO THE HOSPITA TO THE FUNERA De filed within 7	BE C	THE SHOWTURE AND TITLE OF CERTIFIES		11	29c. LICENSE NUM					
2 2 3	2	HAME AND ADDRESS OF PERSON WHI	RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27)						3-8-1993	
		J. LARON LOCKE M 31. DATE FILED MAR 1 7 199	32. REGISTRAR'S SIGNATI	1 Penn S	Stree	t, Balt	imore	, Maryla	and 21201	

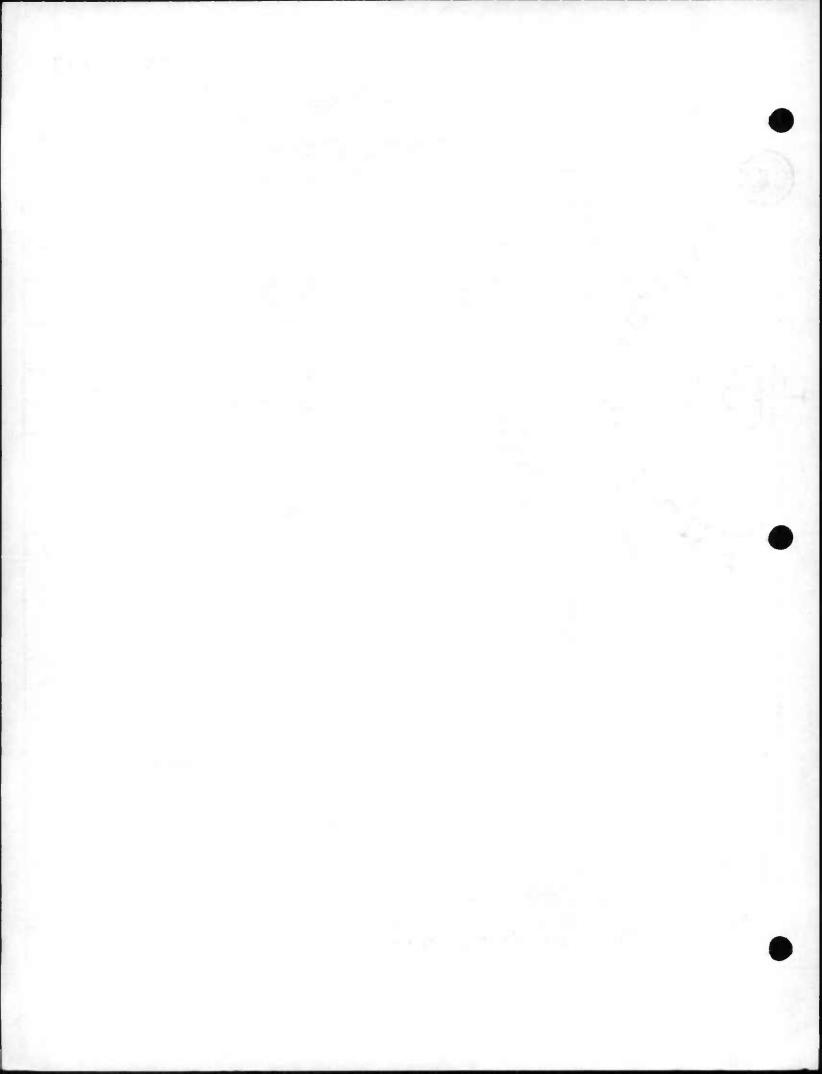


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the inching physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN	IE	01200		
1	1. DECEDENT'S NAME (First, Middle, Last) John Leroy WI	LKINSON				2. DATE OF DEATH	1993 Team	3. TIME OF DEATH G:30 AM		
-	215 18 1656	SEX 6. AGE (In yrs. In SO	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-28-1912	a, BIRT	HPLACE (State or Foreign (ry)		
TOR	e. FACILITY NAME (# not inetitution, give street 6915 Southern Md.		9b, C	Owin	gs	DEATH	Calver			
DIRECTOR	10e. STATE 10b. COUNTY MD Calv	rert	10c. CITY, TOW	n on Local	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	6915 Southern Md.	Blvd.		101	ZIP CODE 207	36	10g. CITIZEN OF USA	WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 A Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 T IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISP/ ecify Cuben, Mexic 2 1 NO Spec	ANIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	e or No — 14. RAC Blac Spec	E-American Indian, ck, White, etc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 2	npleted) College (1-4 or 5+)	ECEDENT'S USUAL Give kind of work do to Do NOT use retire rtified	ne during mo d.)	st of working		Account	ing		
	17. FATHER'S NAME (First, Middle, Lest) OWEN Thomas	Wilkinson			18. MOTHER'S N	AME (First, Middle, Maider Gertrude	Jones			
TO BE	190. INFORMANT'S NAME (Type/Print) Orville A. Wilkins				nd Number or Rure	Route Number, City or Tov	vn, State, Zip Code)	736		
	20a. METHOD OF DISPOSITION 132 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PLACE competery, c. Mt.	AND DATE OF DISF rematory or other pla Harmony	OSITION (No	me of em. 3-	1	cation - City or T			
	21. SIGNATURE OF FUNERAL SERVICE LINEAR	Phys			h Funer		A, Owing	s, MD 20736		
CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS A CONSI	EQUENCE OF: Renal EQUENCE OF: Heat	y por In	centa			Approximate interval Batween Onset and Death 3-4 day I day Days		
PHYSICIAN: MEDICAL CI	Dysphagra - per		40 - 0	underlying During Toman	couse given in clapped Seizure	Pert I. 24a. WAS AN PERFO	RMED?	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA		OSPITAL:	ОТН	ER:	ACE OF DEATH (C					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c, INJ WO		6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	ome, ferm, street, f	ectory, office		26t. LOCATION (Street City or Town, State	and Number or Rural	Route Number,		
COMPLETED		en the basis of examination end/or						e) end manner ee stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER,	emes no			29c. LICENSE NU	DY J-		(Month, Day, Year) 68, 1993		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (17/00, Print) Gerald Sterner M.D. Owness, MO 20726									
	MAR 1 0 1993	32. REGISTRAR'S SIGNATURE	Pandall							



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N	ospital or at
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⋖	ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
	-
- VITAL RECORDS, P.O. BOX 68760,	ş

								90	, 0	1234
		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND		HYGIENE REG. NO.		
		1. OECEDENT'S NAME (First, Middle, Last)	/	1./	/		2. DATE OF	DEATN	3. 1	TIME OF OEATN
			LYNN	WA	Rd		MONTHS	3 9	EAR 3	130 1
		4. SOCIAL SECURITY NUMBER 221-42-8891		In yrs. last birthday) 38 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ley, Year)	Country)	CE (State or Foreign
12.50	_	9e. FACILITY NAME (If not institution, give s	1.6			OR LOCATION OF D	EATN	9c. COUNT	Y OF DEATH	
2	270	RESIDENCE OF DECEDENT	405PTAL		ELKT	ON, MI	219	21 (CEC	:14
r. Pag	DIRECTOR	10a. STATE 10b. COUNTY	CECIL		TY, TOWH OR LOCA	N, ME)			I. INSIDE CITY LIMITS? YES 2 NO
nsit permit.	FUNERAL	662 AUGUSTINE	H ERMAN		10	I. ZIP CODE	1921	10g. CITIZE		COUNTRY?
215-0020 attending physician. ise as the burial-transit		11. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	CENDENT OF NISPA cecify Cuben, Mexic 3 2 NO Speci	NIC ORIGIN? (Black, Wh	
215-0 attending se as the	ED BY	3 Widowed 4 Divorced	277.01							WHITE
21 Page 1	LETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		ost of working	16b. KI	ND OF BUSINESS/INDUS	TRY	
AND 2 the hospital detached for	COMPLET			UNEN	IPLOYE					
A the pa the pa de de de de de de de de de de de de de	u.i	17. FATHER'S NAME (First, Middle, Last) RICHARD	WARD			OM A	ME (First, Mide	fle, Malden Surneme)	J	
MAR retained 1 5 should	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town, State, Zip Co	ide)	W.MD
			ECKE	1000	700031	11/2 (12)	11/1/K	11011,		21921
o B B B B B B B B B B B B B B B B B B B		20a METNOD OF DISPOSITION 1 D-Burlel 2 Cremellon 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	etery, crematory or of	OF DISPOSITION (No other place)	ama of	3/10/9	PEACH B	or Town,	7550
_ ~		21. SIGNATURE OF FUNERAL SERVICE LIC		21010	22. NAME A	NO ADDRESS OF FA	CILITY	1		1250
		· Edwal 1	Millon		Gee	FUNETAL EMPL	Hon	ELKYON	chai	D
B. nours after d in by the or removal		23. PART i. Enter the diseases, or shock, pr heert fellure.	complications that caused List only one cause on ea	the death. Do	not enter the mo	ode of dying, suc	h aa cardled	or respiratory arres	ι,	Approximate
file ion,		IMMEDIATE CAUSE (Finel	•						į	interval Between Onset and Death
760, ompletely I, cremat		resulting in death)	a. Pasition tay Are	CONSEQUENCE O	PF:					
executed and com o burial, natic ex			DUE TO (OR AS A						İ	
De pe cian or to	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A							
certificate ding physical confiners or contract or con	FIC.	CAUSE (Disease or injury that initiated events	Us	CONSEQUENCE O	CVA.					
eath cert attending mtal Hygie	1 25	resulting in death) LAST	ASCUD.	Premone	i					
	1 . 1	PART II. Other significent condition				g cause given in	Part i. 24	a. WAS AN AUTOPSY	24b. WEF	RE AUTOPSY FINDINGS
								PERFORMED?	COM	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
requires seen sign of Healt									1	YES 2 NO
law law as b Dept.	Z	25. WAS CASE REFERRED TO MEDICAL							<u></u>	
_ F 2 2 3	SCI	EXAMINER? 1 YES 2 NO	HOSPITAL:	atient 3 DOA	OTHER:	LACE OF OEATN (C/				
HYSICIA his certif with the	≥	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. IN.	IURY AT		BE HOW INJURY OCCUP	RED	
ON OP OP OP OP OP OP OP OP OP OP OP OP OP	BY	1 Netural 5 Pending 2 Accident Investigation	(month, bay, loar)			YES 2 NO				
TTENDI TTOR: A after de		3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE OF INJURY building, etc. (Speci	— Al home, farm,	street, fectory, offic	:0		ON (Street and Number or own, State)	Rural Route	Number,
	PE	29m. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my knowle	edge, death occurr	ed at the lime, data	and place, and dua	to the cause	a) and menner as stated.		
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPLETE		R: On the basis of examination							menner se stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				nth, Day, Year)
6 6 8 X	10	30. NAME AND ADDRESS OF PERSON WH		ATN ATER OF T	Person	0048	23	3	3193	
		TO THE WAS UPPLEED OF PERSON WITH	DOMPLETED CAUSE OF DEA	nin (ii⊵mi27) (fype	, rnnt)					

JUI Chih Hay, MD 223 west was st. Elkfor MC 21921

31. DATE FILEO (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE

Achia Davidson-Randole

DHMH-16 Rev 1/89

MAR 04'93

8. BIRTHPLACE (State or Foreign Country) NEW YORK

10d, INSIDE CITY LIMITS? 1 TYES 2XXNO

14. RACE — American Indian, Black, White, etc.

SUN, MARYLAND

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

MD

Approximate Interval Between Onset and Death

3. TIME OF DEATH 12:35

		FOR STATE REGISTRAR		STATE OF I	MARYL					HEALTH AND	MENTA	L HYGIEN			
		1. DECEDENT/S NAME (First	, Middle, Last)	Juli	A	h	DRI	~ทค	~		2. DATE	E OF DEATH	-190	YEAR	3. TIME OF DE
	- 5	4. SOCIAL SECURITY NUME 079-18-148	BER	5. SEX	6. AGE (I	n yrs. last		IF UNDER 1 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH (th, Day, Year)	26	Country	PLACE (State or V) V YORK
2, 3 should	OR	99. FACILITY HOME (If not in	enstiblijen, give stre	ot and number)	Hos	D,		HA (OWN C	OR LOCATION OF D		ACE	9c. COUN		
Sales Control	DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	/				Oc. CITY, TOWN OR LOCATION							
是是	DIR	MARYLAND	CE	CIL				SINC							10d, INSIDE CIT LIMITS? 1 YES 2X
	AL	10e. STREET AND NUMBER						DIII	_	f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
2 10	FUNER/	23 BERKLEY	ROAD							21911			l t	JSA	
ing physician the burial-tra	BY FUN	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEOEN FORCES? 1 IF YES, GIVE N	YES	2 7 N		lf y	res, ap-	CENDENT OF HISPA Heathy Quiban, Mexico 2 1 NO Specia	en, Puerto	IN? (Specify Yes Rican, etc.)		14. RACE	- American Inc. White, etc. y: WHITE
attending use as the	ED		EDENT'S EDUCA				CEDENT'S U				16	b. KINO OF BUS	SINESS/IND	JSTRY	MILLE
for a	E	Elementary/Secondary (0	y highest grade co 0-12)	College (1-4 or 5	+)	life.	Do NOT use	retired.)	ring mo	ost of working					
he hospital detached for once.	COMPI	10				НО	USEW	IFE					HOME	3	
by the hos be detach at once.		17. FATHER'S NAME (First, M TONY WOLL	liddle, Last)							18. MOTHER'S NA					
should t	BE	19a. INFORMANT'S NAME (1	Type/Print)			196	MAILING A	nnpess /s	Otronot or	CLA Ind Number or Rural		MILLE		Contol	
5 5	5	DELMARR L.		VER		""									1011
may be		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City of													
rector, I		XX Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)										MARY			
r death. Page 6 π tuneral director, al,		21. SIGNATURE OF PUNISPA	L SERVICE LICEN	VSEE	To	nd)	10	R.7	Г.	FOARD OUEE	FUNI			ING	SUN.
ted within 24 hours after of completely filled in by the ial, cremation, or removal.		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure. Lis	Cary	I N	meli line.	UENCE OF	t enter th	e mo	ide of dying, such	ch as car	rdiac or respi	ratory arre	eat,	Approxir Interval Onset ar
th certificate be execuentially physician and if Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING rry c.				UENCE OF):								
v requires that been signed by t. of Health and shows any	AN: MEDICAL C	PARTIL Other significations of the control of the c	DVA Lufte Lufte	contributing to	death, bu		esulting in	the under	orlying	g ceuse given in	Part i.	24s. WAS AN PERFOR			WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?
# # # 5	SICIA	25. WAS CASE REFERRED TO EXAMINER?		SPITAL:				THER.	26. PL	ACE OF DEATH (C	eck only o	ne)			
SICIAN: The certificate the State I, or Nem	KSI	1 TYES 2 NO		inpetient 2		rtient 3	DOA 4		_	ne 5 🗆 Residence					
The vitt	ву РНУ		Pending Investigation	26s. DATE OF (Month, E			28b. TIME INJUI	TY	WO	PURY AT PARK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
OR ATTENDING DIRECTOR: After hours after death item 28 is mar	ETED B	3 Suicide 6	Could not be determined	28e. PLACE C building,	otc. (Speci	— At hon	ne, farm, str	eet, factory	, office	•	26t. LOC City	CATION (Street a or Town, State)	and Number o	or Rural Re	oute Number,
로 가는 =	COMPLE									and place, and due					and manner
HOSPITAL FUNERAL WITHIN 72 STANT: II	- 1	29h SIGNATURE AND TITLE	OF CERTIFIER		_			,	-	29g. LICENSE NU					(Month, Day, Year
TO THE HOSP TO THE FUNEI De filed within IMPORTANT	O BE	Dante		mahr	m	S				10760	W		▶ 2	127	193

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOVAKUL MD HOWRE

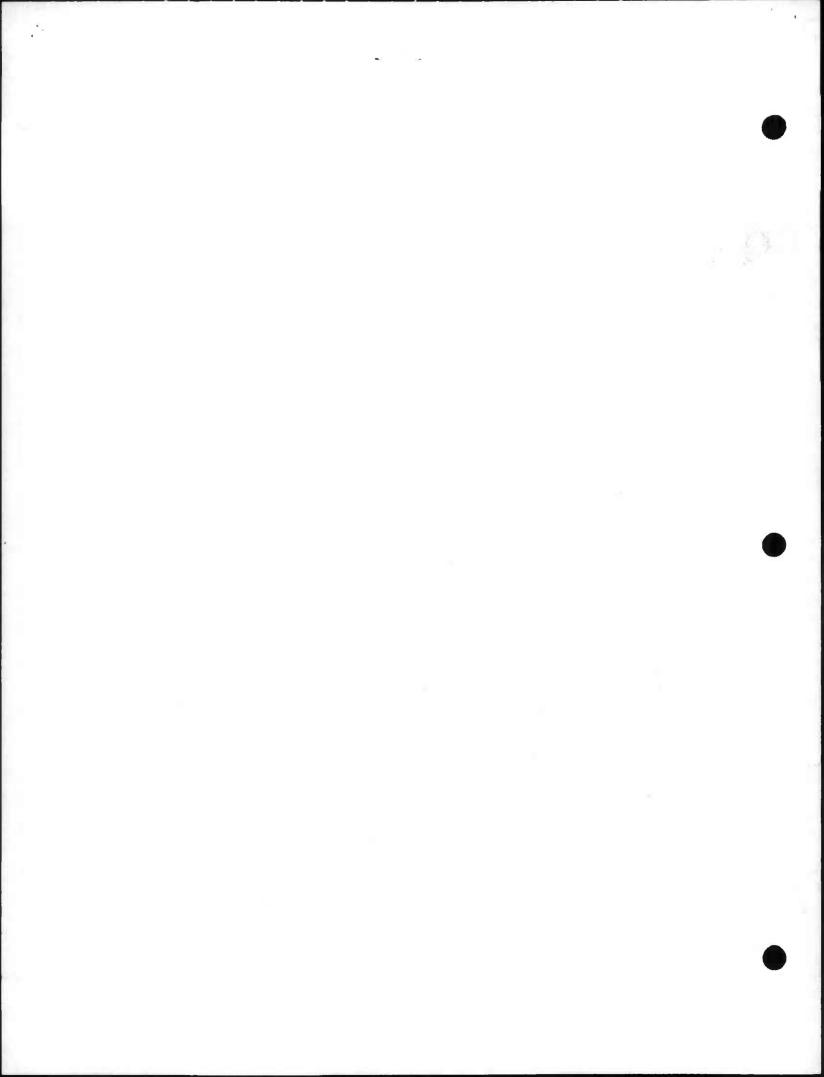
32. REGISTRAR'S SIGNATURE ulia Savidson-Randson

DHMH-16 Rev 1/89

2

31. DATE FILED (Month, Day, Year)

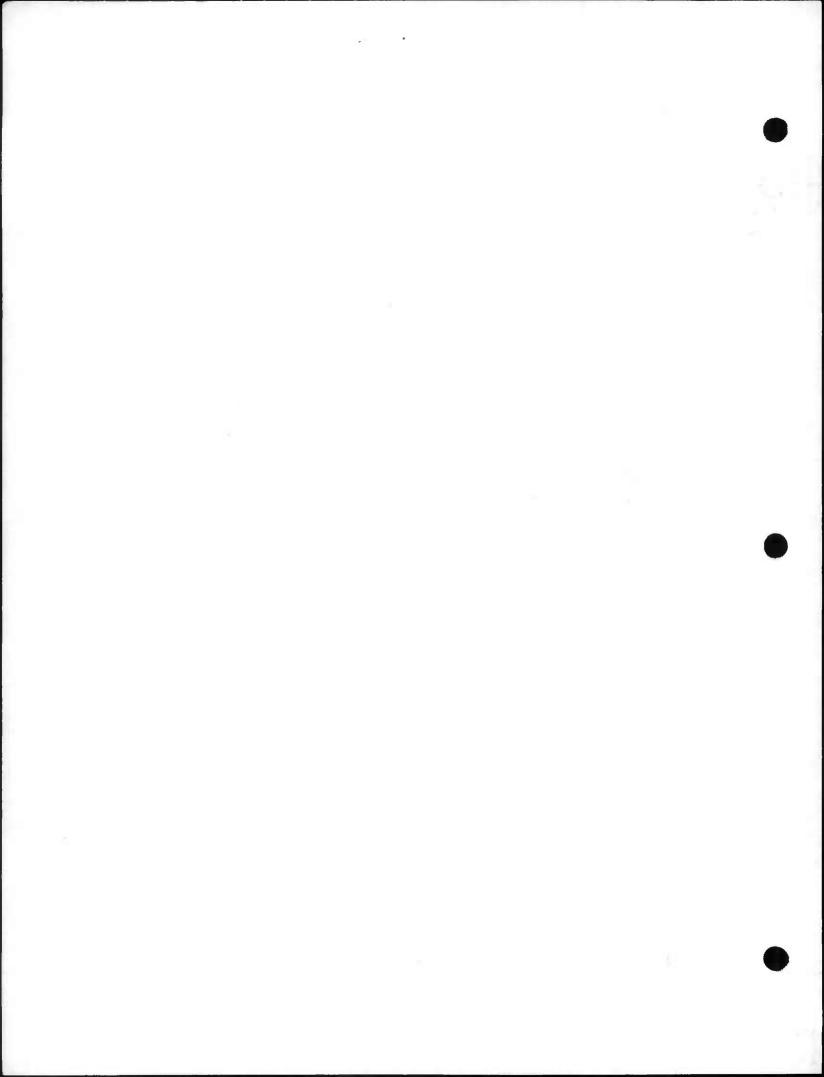
MAR 03'93



DHMH-16 Rev 1/89

BOX 68760,
S, P.O.
RECORDS,
OF VITAL
DIVISION

	FOR STATE REGISTRAR	STATE OF MARY		DEPARTME ERTIFICAT				AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Charles Schoff W	right					2. DA	ch 5,		YEAR	8:05 A.	- N
	4. SOCIAL SECURITY NUMBER 213-18-6541	5. SEX 6. AGI	76	t birthday) IF UN YRS. MONTH	DER 1 YEAR	IF UNDER 24 H	RS. 7. DAT	8/1917		8. BIRTHPI Country) Linw	LACE (State or Foreig	n
TOR	Da. FACILITY NAME (If not institution, give : 234 Caroline Str			9b. C		lestow				cil	NTH .	
DIRECTOR	10a. STATE 10b. COUNT	v Cecil		10c. CITY, TOW	n on Loca rlest					1.0	0d. INSIDE CITY LIMITS? YES 2 NO	_
NERAL	234 Caroline Str				1	21914			U.S		AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Amerried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 N		If yes, sp	ecify Cuban, M		GIN? (Specify Ye to Rican, etc.)	s or No-	14. RACE - Black, Specify:	- American Indian, White, etc. White	
PLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) College (1-4 or 5+)	(Gi	CEDENT'S USUAL two kind of work do Do NOT use retired	ne during mo d.)	ON ost of working	01	6b. KIND OF BU	Gove		n+	
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) Joseph L. Wrigh	t	1 10.	CCAI WO.	LICI			t, Middle, Meider Beckst	Surname)	I mile		
TO B	196. INFORMANT'S NAME (Type/Print) Ruth P. Wright			.O. Box		Charl			vn, State, Zip (Code)		
	20a. METHOD OF DISPOSITION 1	ovel from State	Ob. PLACE A	rerris								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 12.7 S. Main St. North East, MD 21901											
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ung 7	A CONSEC	DIC DUENCE OF:				ardiac or resp	iratory arre	st,	Approximate interval Betw Onset and De	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS			om	yopar	rhy					
MEDICAL C	PART II. Other significant condition	ns contributing to death	but not re	esulting in the	underlyin	g cause give	n in Part i.	24a. WAS AP PERFO 1 YES	RMED?	6	VERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		ОТН	ER:	LACE OF DEATH						
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	7	28b. TIME OF INJURY	28c. INJ WO	IURY AT DRK? YES 2 NO	28d. D	her (Specify) ESCRIBE HOW	INJURY OCC	URED		
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	pecify)				a	OCATION (Street ity or Town, State)		ite Number,	
COMPLET	2 MEDICAL EXAMINE	ICIAN: To the best of my kno IR: On the basis of examinat									and manner se state	d.
TO BE COI	296, SIGNATURE AND TITLE OF PERSON WA	Y)	100 (Turn Co.)		29c LICENSE	NUMBER 3239	15	29d. DATE	SIGNED (A	Aonth, Day, Year)	
	Thomas E	32. REGISTRAR'S SIG	Dor	th Eas	st , 1	mb a	2190					



1 - STATE REGISTRAR		SIMIL OF IN	MITTER	CERTIF	ICATE	OF DE	ATH	MENIAL I	REG. NO.	_	, ,		
1. DECEDENT'S NAME (First,								2. DATE OF MONTH	DEATH D	AV.	YEAR	3. TIME OF DEAT	ГН
LOUISE	NANNIE	WINKLE	R WE	_CH				03	05		993	2:55	P.M
4. SOCIAL SECURITY NUMB	ER S	i. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1		DER 24 HRS.	7. DATE OF (Month, D			6. BIRTI	HPLACE (State or Fo	oreign
218-22-339	91 1	☐ M 2 💢F	90	YRS.	MONTHS	DAYS HOUF	RS MIN.	05/3	30/02	2	MAR	ÝLAND	
9a. FACILITY NAME (If not in:	stitution, give stree	of and number)				TOWN OR LOC		EATH			UNTY OF E		
11	seph's	Nursing	g H	ome		Catons	ville,			E	Baltin	nore	
RESIDENCE OF DEC	10b. COUNTY			10c Cr	TY, TOWN OR	LOCATION						10d. INSIDE CITY	,
MD		ard Co	untv		AISY	LOGATION						LIMITS?	
10e. STREET AND NUMBER					11101	10f, ZJP C	ODE			10a. Cl	TIZEN OF	WHAT COUNTRY?	ano -
2355 DHVALL	ROAD					217	97				USA		
11. MARITAL STATUS		2. WAS DECEDEN	T EVER IN	U.Ş. ARMED	13. W			NIC ORIGIN? (S	Specify Yes	or No—	14. RAC	E — Amarican Indi	en,
1 Never Married 2 3 Wildowed 4 Divo	Married	FORCES? 1 IF YES, GIVE W	YES	2X NO		yes, specify C		n, Puarto Rica y:	in, atc.)		Spec	ok, white, etc. Cify: White	
	EDENT'S EDUCAT			16a. DECEDENT		CUPATION ring most of w	a dele a	16b. KI	ND OF BU	SINESS/II	NDUSTRY		
Elementary/Secondary (0	-	College (1-4 or 5+)	Ille. Do NOT	se retired.)	ring musi or w	orking	İ					
11		0		HOUS	EWIFE				OWN	HON	1E		
17. FATHER'S NAME (First, Mi						16. k		ME (First, Mide					
	Adams							Alice	····				
198. INFORMANT'S NAME (7) WAYNE WINKLE								Poute Number,					
		:	20b.	PLACE OF DISPO				T STAR	Y		- City or T	own. State	
20 METHOD OF DISPOSITION 1 M Burial 2 Cremation 4 Donation 5 Other		al from Stata		other place)		EMETER		-93			-	RYLAND	
21. SIGNATURE OF FUNERAL	L SERVICE LICEN		0		22. N	AME AND AD	DRESS OF FA	CILITY				1(11,711,10	
MGB MARK 6.	BROHAI	M)		0053				IERAL H IALDORF				0604	
23. PART . Enter the di			t ceused	the death. Do								Approxim	
shock, or he IMMEDIATE CAUSE (Fin		at only one cau	se on ea	ch line.	. 1				1			intervai E	
diseese or condition	- L	Lin	rer	ba	ile	ere	, he	pos	200	CO	cea		
resulting in death)	a.	STOE TO	(OR AS A	CONSEQUENCE	OF):	77	1	1 222					
our comments provides	_ b.	Rai	XC	el	1	ne	, e	100	, ,				
Sequentielly list conditi if any, leading to imme	diate	DUE TO	(OR AS A	CONSEQUENCE	OF):								
CAUSE (Disease or Inju		D	(00.10.1					_					
that initiated events resulting in death) LAS	т П	DUE 10	(OH AS A	CONSEQUENCE	OF):								
	d.											+	
PART II Other significe	ent conditions					lerlying cau	se given in	Part i. 24	Ie. WAS AN		Y 24	b. WERE AUTOPSY I	
Guas.	eves			litu	-	-		1	YES :	1		COMPLETION DF	
HYB	red/C	ceri 7	e k	teas	40	2000	as	e,		^		1 🗌 YES 2 🗍	NO
-0													
25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:			OTHER		OF DEATH (C	heck only one)					
1 YES 2 NO		Inpatient 2			4 Diffursi	ng Home 5		6 Other (S					
27. MANNER OF DEATH	Pending	26a. DATE OF (Month, D		26b. Ti	ME OF S	28c. INJURY A WORK?		28d. DESCF	NBE HOW	INJURY C	CCURED		
2 Accident	investigation	28a BLACE O	E IN HIEW	At home &		1 YES	z 🗆 NO	205 1 0007	ON COM	ment Moore	has as Phin-1	Route Number.	
3 Suicide 6 4 Homicide	Could not be determined	building,	etc. (Speci	— At home, farm	, street, mcto	ry, OTTICO			Town, State		uer or Hurel	rioute Number,	
29a. CERTIFIER	LIEAING BHAGIG	AN: To the best of	my knowl	adea double accord	road at th- at-	no deta	lane and d	a to the court	(a) and	nner en	heted		
(Critical orally												(a) and manner as	stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	J.)			-	LICENSE NU			29d. O	ATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAU	SE OF DEA	NTH (ITEM 27) (7)	oe, Print)				,	1 0	0/0	173	_
KAFAEL H	MAR	COMPLETED CAU	34	55 WII	Kensi	AUC Z	5911	s. Md	215	29			
31. DATE FILED (Month, Day, 3/5/93)			R'S SIGNA	hia Davids	n- Hand	482							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a property. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunin-trums to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERA

DHMH-16 Rev 1/89

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	IENT OF H	EALTH AND I	MENTAL HYGIEN		0 , 12 0 0	
	1. DECEDENT'S NAME (First, Middle, Last) LEAH W.	ARREN				2. DATE OF DEATH ON THE ONE OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OTHER OF THE OTHER	W YEA	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 578-38-0302 9a. FACILITY NAME (If not institution, give st	1 □ M 2 □ ₹x 66	YRS. MOI	UNDER 1 YEAR OTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 18	6. B	IRTHPLACE (State or Foreign ountry) Viroinia	
TOR	3507 27th Avenue				Hills			e Georges	
DIRECTOR	Maryland Prince	e Georges		own or locat e Hill				10d. INSIDE CITY LIMITS? 12 YES 2 NO	
FUNERAL	3507 27th Avenue				. ZIP CODE 0748		10g. CITIZEN	OF WHAT COUNTRY? Δ	
ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES :			cify Cuban, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work iffe. Do NOT use rel	done during mo- tired.)	st of working	Govern	siness/industr	RY	
	17. FATHER'S NAME (First, Middle, Lest) Edward S. Ross	vears IP	rinting	Specia		ME (First, Middle, Meider			
TO BE	19a. INFORMANT'S NAME (Type/Print) Percy N. Warren	Jr.	19b. MAJLING ADD 11107 B	irchwa	nd Number or Rural I	Route Number, City or Tov	n, State, Zip Code	») 35	
	20s. METHOD OF DISPOSITION 1 Disposition 3 Remote Dogston 5 Other (Specify)) IIdi	ACE AND DATE OF D	orial 1	Park		lover, N	Maryland	
	21. SIGNATURE ON TUNERAL SERVICE LIC	Anh	Kennedy :		Washing	tins Inc. gton, D.C. 2001			
	23. PARTY. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Attended.	the aus					Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	Land Told	not resulting in the		cause given in	Part I. 24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	On	26. PL	ACE OF DEATH (Ch	eck only one)			
	1 YES 2 ND 27. MANNER OF BEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	URY AT RK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree		ES 2 NO	281. LOCATION (Street City or Town, State	and Number or Ru	rel Route Number,	
COMPLETED		CIAN: To the best of my knowledge: R: On the besis of examination ar						rse(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER		10		29c. LICENSE NUM			SIGNED (Month, Day, Year)	
5	MAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	Rayon	em Ch.	Cafar.	m) 2	0748	
ļ	31. DATE FILED West Bay bar 3 199	3 32. REGISTRAR'S SIGNATE	RE Andre	L	-,	The state of the s	Ter 9	- / / -	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		ICATE OF		D MENIAL	REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)					OF DEATH			3. TIME OF DEATH
	DARLENE F. WILLS				0 2		9	93	3:55PM M
		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	-		 Т		PLACE (State or Foreign
- 1	212- 60-1086 1 D M 2 D F	In YRS.	MONTHS DAYS	HOURS MIN		Day, Year)	F 0	Country	SH., DC
- 9	9a. FACILITY NAME (If not institution, give street and number)	40 THS.	SP CITY TOWN	OR LOCATION OF	03	26	52	TY OF DE	
DIRECTOR	PRINCE GEORGES HOSPITAL	CENTER		VERLY	DEATH				GEORGES
E	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION				1	10d. INSIDE CITY
	MARYLAND PRINCE GEORGE'S		REENBELI						LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 7921 MANDAN ROAD		10	r. ZIP CODE	770		10g. CITIZ		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 V IF YES, GIVE WAR O	ES 2 NO	If yes, sp	CENDENT OF HIS pecify Cuban, Mer S 2 (2) NO Sp			or No—	14. RACE Black Specify	
	15. DECEDENT'S EDUCATION	Ma DECEDENTIO	I CONTRACT						BLACK
E I	(Specify only highest grade completed)	(Give kind of	WSUAL OCCUPATI work done during me se retired.)	ON OSt of working	16b.	KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 2YRS •		PUTER OF			GO7	T.		
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, M	iddle, Maiden	Sumame)		
BE	GEARY HARDING WILLS			ALIC	Œ B. (COATES	3		
10	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or Ru	ral Route Numb	er, City or Tow	m, State, Zip	Code)	
۴	ALICE B. WILLS	190	6 GAYLOF	RD DRIVI	E SUITI	LAND,	MD 20	0746	
	20a_METHOD OF DISPOSITION 1	20b. PLACE AND DATE COMPLEY OF MOSES	OF DISPOSITION (N	ame of	0ATE		CATION — C		vn, State ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ND ADDRESS OF					
	Munumua Bua	uton	J. 747	B. JENE 74 LAND	KINS FU OVER RI	JNERAI D. LAN	MOVE J HOME	E R.MI	20785
	23. PART I. Enter the diseases, or complications that cau	sed the death. Do							Approximata
	shock, or heart failure. List only one cause o	S A CONSEQUENCE O							Interval Between Onset and Death
Z		IS A CONSEQUENCE U	+):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE O	F):						
음	CAUSE (Disease or Injury & c.	AS A CONSEQUENCE O	f):						
E	resulting in death) LAST		•						
S	d								+
A	PART II. Other significant conditions contributing to deat	h but not resulting	in the underlyln	g cause given	in Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL						1 YES 2	-		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEI									1 VES 2 NO
ä									
₹ I	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH	(Check only one)			
Sic	EXAMINER2 1 VES 2 NO HOSPITAL: 1 Inputient 2 ER/0	Outpatient 3 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residen	ce 8 🗆 Other	(Specify)			
主	27. MANNER OF DEATH 28s. DATE OF INJU	RY 285, TIN	IE OF 28c. IN.	JURY AT		CRIBE HOW	NJURY OCC	URED	
	1 Natural 5 Pending (Month, Day, Yei	nr) IN.		YES 2 NO					
BY	3 Suicide 28e. PLACE OF INJ	URY At home, farm,	street, factory, offic	20	281. LOCA	TION (Street	and Number	or Rural Ro	oute Number
Ë	4 Homicide determined building, etc. (Specify)			City o	r Town, State)			
٦	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my ki	nowledge, death occurr	ed at the lime date	and place, and	the to the cour	no(a) and ma		ul	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examin								and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29 LICENSE I	NUMBER		29d. DATE	SIGNED	(Month, Day, Year)
) BE	Hugues HA Madeserus	mo		Hali	281		12	-20	2-93
5	MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	h 0	4/25	MA IA.	e M	1-	0748
	31-DATE-FILEO (Month, Day, Year) 32. REGISTRAR'S S GRAD JUNES - 1993 GRAD JUNES - 1993	IGNATURE	rays	um	P 187.	mily	In	17	2 148
	MEDING CECI F O CH	Mashree							

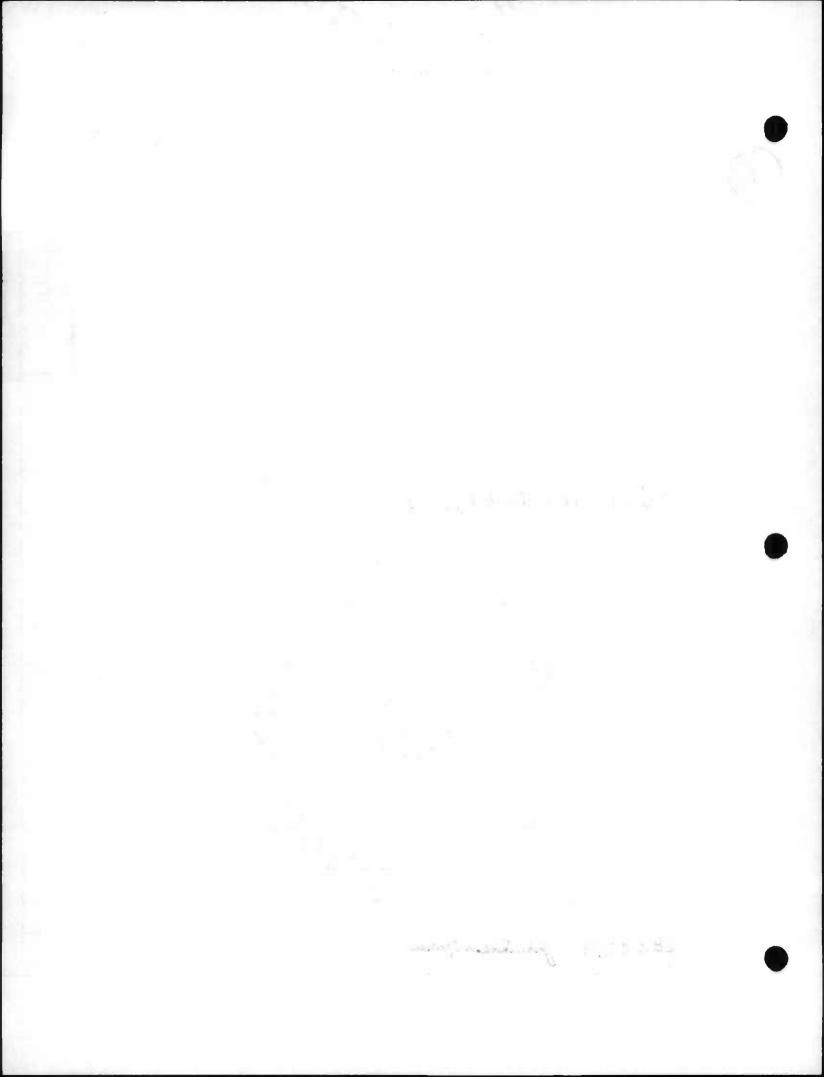
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	uires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.)
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages	he funeral director, page 5 should be detached for use as the bunal-transit permit. Page 51	
be they within 72 hours after dearn with the state Dept. of Hearth and Mental Hygiene prior to bunal, cremation, or removal.		
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR	

BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	IEALTH AND DEATH	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	E OF DEATH	W ,	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER					0:	2 2	0 19	93 11:32 A M		
	577-52-0139	1 🔀 M 2 🗆 F 5	S. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	8	BIRTHPLACE (State or Foreign Country).		
0"	9a. FACILITY NAME (If not institution, give stre	noc			OR LOCATION OF E			9c. COUNT	Y OF DEATH		
СТО	Fort Washington Me	dical Center		Fort Wa	shingto	n, M)	Pri	nce Georges		
DIRECTOR	MD Princ	e Georges		n Hill	ION				10d. thSIDE CITY LIMITS? 1 YES 2 NO		
3AL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?		
FUNERAL	7909 Indian Head H	-			20745				SA		
B⊀	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	□ NO	If yes, spi	ENDENT OF HISPA ecity Cuban, Maxic 2 NO Spec	en, Puerto	N? (Specify Yee Ricen, stc.)	or No— 14	4. RACE — American Indian, Black, White, etc. Specify: Black		
E	15. DECEDENT'S EDUCA (Specify only highest grade or	TION 16e	(Give kind of wo	SUAL OCCUPATION And done during mo	ON et of working	168	b. KIND OF BUS	INESS/INDUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Truck I	retired.)	or or working		Apex I	lumbi	ng		
OM	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First.			0		
BEC	James Wilson 190. INFORMANT'S NAME (Type/Print)				011ie	Tho	rn				
2	Janet Shedrick		344 St	ady Gle	nd Number or Rural en Drive	, Car	pitol I	i, Stete, Zip Co Ights .	, MD 20743		
	20g, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remov 4 Donatton 5 Other (Specify)	at from State 20b. PLA	CE AND DATE OF CEPTED AND DATE OF CEPTED OF CE	DISPOSITION (New place)	Cemeter	ry 2/	27/93		ty or Town, State e1, MD		
j	21. SIGNATURE OF THE NERAL SERVICE LICE	NSEE		22. NAME AN	D ADDRESS OF F	ACILITY		1 Home	e Inc		
	Robert G. Mason Funeral Home, Inc. 1661 Good Hope Road, S.E., Wash., DC 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate										
CERTIFICATION	ehock, Dr heart fellure. Li IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A COM	SEQUENCE OF:	polici	tic lless				Interval Between Onset and Deeth		
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to deeth but n	ot resulting in	the underlying	ceuee given in	Part I.	24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY PINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (CA	beck only on	ne)		A		
Sic	EXAMINER?	OSPITAL: Inpution 2 ER/Outputien		OTHER:	5 Residence				The state of the s		
E	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	JRY AT		CRIBE NOW IN	JURY OCCUR	RED		
à	2 Accident Investigation			M 1 🗆 Y	ES 2 NO						
E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Ai building, etc. (Specify)	t home, term, etr	eat, tectory, office		28t. LOC. City	ATION (Street er or Town, State)	nd Number or i	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	N: To the best of my knowledge, On the beels of examination end	, death occurred for investigation,	at the time, date of	end place, end due	to the cau	se(a) end menr	ner ee atated.	ause(e) and menner ee stated.		
BEC	296. SIGNATURE AND TITLE OF CUMPIER 29d. DATE SIGNED (Month, Day, Year)										
2	Tougus 10 1-16	dryay m	NO _		4.213	30		12/	20/93		
	Aucusto P. Rock	COMPLETED CAUSE OF DEATH (5009	Raifi	um Ct	. Co	Spe	mil:	30948		
	FEB 2 4 199	32. REGISTRAR'S SIGNATUR	E Son-Rand	lace		1			11		

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shows any injury.

Item 23

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28 is marked,

Hea

BY

BE COMPLETED

2

27. MANNER OF DEATH

6 Could not be determined

1 Millural

2 Accident

3 Suicide

4 Homicide

this certificate has been with the State Dept. of I

DIRECTOR: After to hours after death v

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 21-15 DAY ,111am 3 4. SOCIAL SECURITY 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 10-20-59 XXM 2 | F 33 Wash., D.C. 579-86-2481 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince Georges' Community Hosp DIRECTOR Cheverly, Maryland Prince Georges 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY D.C. Washington YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1482 Bangor Street S.F.

MARITAL STATUS

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 Å NO 20020 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married if yes, specify Cuban, Mexican, Puerto Rican, 1 YES 277MO Specify: IF YES, GIVE WAR OR DATES ВУ Specify: BLACK 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) Secretary IRS 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Margaret Williams Eugene Powell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Margaret Benson/mother 2619 Kirtland Ave. Forestville,MD 20747 20e. METHOD OF DISPOSITION

| Comparison | 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, State Donation 5 Other (Specify) "Lincoln Memorial Cemetery Suitland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert G. Mason Funeral Home, Inc. #943 1661 Good Hope Rd., S.E. Wash., DC 2002 23. PART I. Enter the diseasee, or complications that/caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximeta Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition quel fromundel ruency Syndiam e resulting in death) DUE TO (OR AS A CONSEQUENCE O CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 WO 1 YES 2 NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINEBY HOSPITAL:

OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 Inpatient 2 I Str/Outpatient 3 I DOA 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO

> 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) end menner ee stated.

The state of the s

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIDECTION After this partitional has been closed by the offending phaseign and namedatals filled in by the fireness area of about the detected for the transfer of the transfe
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIDECTION After this serificate has been closed by the strendies say and completely

	1. DECEDENT'S NAME (First, Middle,	Last)		10711		DLA		2. DATE OF DE	G. NO.		3. TIME OF DEATH	
- 1	MON								Feb. 8 1993 6 A.M.			
	4. SOCIAL SECURITY NUMBER	day) IF UNDE	R 1 YEAR	AR IF UNDER 24 HRS. 7. DATE OF BIRTH			RTH	8. BIRTHPLACE (State or Foreign				
- 5	219 64 2027	1 M 2 D F	39 YI	RS. MONTHS	DAYS	HOURS	MIN.	(Month, Day, Oct. 6	1053	Cour	yland	
1	9a. FACILITY NAME (If not institution,	give street and number)		9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE			COUNTY OF		
HO	3900 Hamilton	Street							George's			
DIRECTOR	RESIDENCE OF DECEDEN	NT T					110		1.	Tince	George S	
HE		OUNTY		. CITY, TOWN		711					10d. INSIDE CITY	
		ince George	S	Ну	_	ville					1 X YES 2 NO	
RAI	10q. STREET AND NUMBER	100			10	1. ZIP CODE			10g	CITIZEN OF	WHAT COUNTRY?	
FUNERAL	3900 Hamilt		alt Con				207				States	
	1 Never Married 2 Married	FORCES? 1	EVER IN U.S. ARMED YES 2 1 NO	13.	If yes, sp	ecify Cube	n, Mexicar	IC ORIGIN? (Spe n, Puerto Rican,	etc.)	Ble	CE — American Indian, ick, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES NO		1 TYES	2 A NO	Specify	No		Spe	White	
	15. DECEDENT			NT'S USUAL (OF BUSINES	S/INDUSTRY		
Ē	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	Min Do N	d of work done IOT use retired.	during m	ost of workin	g	Mary	land	Park a	and Planning	
AP.	11		Mai	ntenan	ce			P.G.	. Coun	ty		
COMPLETED	17. FATHER'S NAME (First, Middle, Le	est)				18. MOTH	IER'S NAI	ME (First, Middle,	Maiden Suma	me)		
BE (George E. Wol	Lff				Ju	ne P	etersor	ı			
6	19a. INFORMANT'S NAME (Type/Print	,						loute Number, Cit				
-	Mary E. George	9	133	00 01d	l Cha	ipel 1	Rd.	Bowie	Mary	land :	20715	
	20a. METHOD OF DISPOSITION KX Burlal 2 Cremation 3 C	Removel from State	20b, PLACE AND D	ATE OF DISPO	SITION	ame of		DATE	20c. LOCATIO	N — City or	Town, State	
- 1	4 Donation 5 Other (Specify, 21. SIGNATURE OF FUNERAL SERVI		Fort Li						Bren	twood	Maryland	
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE				-Evai		uneral	Home.	P.A.		
	sound	E Clar	no tr	`				is Rd.	-		20715	
	23. PART I. Enter the diseases	s, or complications that	caused the death.	Do not ente	r the mo	ode of dyl	ng, suct	n aa cardiac o	r respirator	y arrest,	Approximate	
- 1	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death											
	DUE TO (OR AS A CONSEQUENCE OF):											
Z	disease or condition resulting in death) o. CND AE ARRING THULL DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. b. ARRING SCHENOTIC CARBOLISTICS DISEASE.											
Ĕ	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury	c	OR AS A CONSEQUEN	CE OF								
Ē	that initiated events resulting in death) LAST		on a donated by	oc o. ,.							i i	
CE		d										
AL	PART II. Other algnificant con-		leeth but not result	ting in the u	nderlyin	g cause g	given in i	Part i. 24a.	WAS AN AUTO		Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
EDICAL	DIARCTES A	recitil							1 TES 2/2 NO		COMPLETION OF CAUSE OF DEATH?	
ME								_			1 - YES 2 - NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHE		LACE OF DI	EATH (Che	ick only one)				
YSI	198 YES 2 NO	1 Inpetient 2	ER/Outpetlent 3 - Di			ne 5/ Re	sidence i	8 Other (Spec	olfy)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF II (Month, Day		INJURY	W	JURY AT ORK?		28d. DESCRIBE	HOW INJURY	OCCURED		
B	2 Accident Investiga	ation		М	1 🗆		NO					
	3 Suicida 6 Could n	ot be building, e	INJURY — At home, fatc. (Specify)	erm, street, fac	ctory, offic	00		28f. LOCATION City or Town	(Street and Nu n, State)	mber or Rure	I Route Number,	
딟	29a. CERTIFIER											
4	(Check only	PHYSICIAN: To the best of n										
COMPLETED	2 DE MEDICAL EX	AMINER: On the basis of ex	mination and/or invest	igation, in my	opinion, d	leath occur	ed at the t	time, date and p	lace, and due	to the cause	e(e) and manner as stated.	
H	296. SIGNATURE AND TITLE OF CER	TIFIER	seputy hi	adle	P	29c. LICE	NSE NUM	BER	29d.	DATE SIGNE	D (Month, Day, Year)	
2	1 Janlanell	rolling	Exqu	mer		19	018	552		2-07	-93	
	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE	OF DEATH (ITEM 27)	-0		-	1 1	41 -	+4	10 . A.	1 20221	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	3 4 10 3 1	Hue	ens!	oury	14	799	(1209)	(-6 /N	10 00 101	
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	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	
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							C	3 (7263	
	1 - STATE REGISTRAR	STATE OF MARY	CEPTIE	TMENT OF I	HEALTH AND					
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIFI	CATE OF	DEALH		3. NO.			
	Harry Rees	se W	Illiams			2. DATE OF OE MONTH	DAY 19	SYEAR 3.	8100 p	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH		ACE (State or Foreign	
	577 24 4826	1 M 2 D F	77 YRS.	MONTHS DAYS	HOURS MIN.	June 1		Country)	, , , , , , , , , , , , , , , , , , , ,	
-	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COU	NTY OF DEAT	н	
DIRECTOR	Anne Arundel Medi	cal Center		Anna	apolis		Ann	e Arun	ide1	
H.	10a. STATE 10b. COUNTY		10c. CITY	TOWH OR LOCA	TION			104	d. INSIDE CITY	
		Arundel	Cr	ofton				1 [LIMITS?	
MAIL M	100. STREET AND NUMBER			10	H. ZIP CODE		10g. CIT	ZEN OF WHA	COUNTRY?	
FUNERAL	1666 Carlyle Driv				21114			ited S	tates	
5	1 Never Married 2 Married	12. WAS DECEOENT EVER FORCES? 1 X YE	S 2 NO	13. WAS DEC	CENDENT OF HISPA pecify Cuban, Maxic	NIC ORIGIN? (Spec	olfy Yea or No-	14. RACE - Black, W	American Indian, hita, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	S 2 NO Speci	Hy: No		Specify:	hite	
B	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S	ISUAL OCCUPATION	ON		OF BUSINESS/INC		nice	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we	ork done during mo retired.)	ost of working					
COMPLETED	12		Bank Au	ditor		U.:	S. Gove	rnment		
9	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, A				
H	John T. Williams				Elizab	eth (Ma:	iden Nar	ne Unk	nown)	
2	19a. INFORMANT'S NAME (Type/Print)	Code)								
	Nancy C. Hough 20 F. Hillside Rd. Greenbelt Md. 20770 20a. METHOD OF OISPOSITION 20b. PLACE AND DATE OF OISPOSITION / Name of DATE 20c. LOCATION — City of Town, State									
	20a. METHOD OF OISPOSITION 1 Duriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Metropolitan Crematory						Oc. LOCATION —			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Metropolit		natory ND ADDRESS OF FA	ACILITY	Alexa	ndria	Virginia	
	De Robert €	Clama	Pa	Beal1	-Evans I	Funeral				
	23 PART I Enter the diseases or so	maliantians that are	les.	16000	Annapol	Lis Rd.	Bowie M	d. 207	15	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. Atthiosociation of the conditions, if any, leading to immediate a limit of the conditions, if any leading to immediate a limit of the conditions and the conditions are conditions.									
	resulting in deeth) a.	DUE TO (OR AS	A CONSEQUENCE OF	Hen	+ DISTA	ST WI	73		1 wich	
z		Distant	tive at	ent for	lune.			į		
TIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	11501						
CA	CAUSE (Disesse or injury c.	Hopen	tous	L						
빌	that initieted events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF							
R	d.									
	PART II. Other significent conditions	contributing to deeth	but not resulting in	the underlying	g ceuse given in	Part I. 24s. W	AS AN AUTOPSY	24b. WEF	RE AUTOPSY FINDINGS	
MEDICAL	Metastata.	comen	1000 00	1 Pro	tade		ERFORMED?	CON	ILABLE PRIOR TO WPLETION OF CAUSE	
W	Wound infect	tim				_ ''''	25 2 1 10		DEATH? YES 2 NO	
	Spinal Ocemp.	ression ,	1 tumo	r.					,	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
\X	1 YES 2 NO	I Impatient 2 - ER/Ou		OTHER: I Nursing Hom	e 5 🗆 Rasidence	6 Other (Specifi	y)			
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU		URY AT	28d. DESCRIBE I	OW INJURY OCC	URED		
ВУ	2 Accident Investigation	200 81 405 25	W 441		YES 2 NO					
ED	3 Suicide 8 Could not be 4 Homicide datarmined	building, atc. (Sp	RY — At home, term, streecify)	eet, tectory, office		28t. LOCATION (S City or Town,	Street and Number State)	or Rurel Route	Number,	
LET	29a. CERTIFIER									
COMPL	(Check only	On the best of my kno	wiedge, daath occurred	at the time, data	and place, and due	to the cause(a) an	d manner sa atate	ed.		
8		On the basis of examinati	on and/or investigation,	in my opinion, de	eath occured at the	time, data and pla	ce, and due to the	cause(a) and	manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2 2.	m	1	29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Mor	ith, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	15 Wes	1///	ex	N205	5	2	122	123	

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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc

	1 - STATE REGISTRAR	SIAIE OF	MARYLAND / CE			E OF			WENTAI	REG. NO.			
	1. DECEDENT'S NAME (First, Mids Hilda								2. DATE OF DEATH DAY YEAR 3. TIME OF 3			3. TIME OF DEATH	
9	4. SOCIAL SECURITY NUMBER 218-24-1551	5. SEX	6. AGE (In yrs. lest	GE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 9 2 YRS. MONTHS DAYS HOURS MIN.					7. DATE OF BIRTH (Month, Day, Year) 3 - 8 - 1901		Country	PLACE (State or Foreign	
R	Se. FACILITY NAME (If not institut	ion, give atreet and number)				, town o					9c. COU	rro]	EATH
DIRECTOR	RESIDENCE OF DECED				1110	anci	10.50	G L			Ca	IIO	L 1
RE	10a. STATE 10b	. COUNTY				OR LOCAT							10d. INSIDE CITY LIMITS?
٥	MD	Carroll			Man	ches							1 YES 25 NO
Æ	10e. STREET AND NUMBER					10f.	ZIP CODI	E			31.0	10.00	VHAT COUNTRY?
ž	4985 Stones		NT EVER IN U.S. ARI	MED	1 40		2110		ue enter	I? (Specify Yea		SA	a made a today
野田	1 Never Merried 2 Marr 3 Wildowed 4 Divorced	ried FORCES?	1 YES 2 N WAR OR DATES	IO			city Cube	n, Maxica	n, Puarto I	Rican, etc.)	or No-	Speci	- American Indian, k, White, atc. ny: hite
COMPLETED	15. DECEDER	NT'S EDUCATION heat grade completed)				CCUPATIO		20	16b	. KIND OF BUS	INESS/IN		
E	Elementary/Secondary (0-12)	College (1-4 or t	Man.	Do NOT	se retired.)	during mos	or or works	' 9					
MP	6		Но	mem	aker					Dome			
8	17. FATHER'S NAME (First, Middle,						16. MOT			Middle, Malden			
BE	John Rose		140			0.00				Banker			
6	rchie Warne			985		- ' '							21102
1			20b. PLACE					ane	PAT			City or To	21102
9	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 4 Donation 5 Other (Spe	Ramoval from State	of cemetary,	cremator	y or other i	place)			1				
- 9	21. SIGNATURE OF FUNERAL SE		- 136.	Dav.	22.	NAME AN	D ADDRE	SŚ OF FA	CILITY	На	nove	er,	Pa. 17331
	Thelles	- //	eg kles			549	9 Ca	rli	sle	al Ho	Hanc	Wer	
	23. PART I. Enter the dises shock, or heert	ses, or complications the	nat coused the de	eth. Do	not ente	r the mo	de of dy	ing, suc	h ss cere	diac or reepl	ratory sr	reet,	Approximete interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ato	ry 1	Fail	ure						Onset end Death		
			4 -	7			1						
CERTIFICATION	Sequentielly list conditions	OUENCE	Olla Fi:	LO	Tun			chea bode			5 yr.		
AT	if any, leeding to immediate cause. Enter UNDERLYING		cular b	hyr	oid	car	cin			поце	2		5
IFIC	CAUSE (Disease or injury that initiated events	DUE T	cular to (OR AS A CONSEC	DUENCE C	OF):	car	CIII	Oma					1-3-XI-
H	resulting in death) LAST	d			_								
	PART II Other significant of	conditions contributing	o death but not r	esulting	In the II	nderiving	T COLLEG	alven in	Part I	24e, WAS AN	AUTOREV	245	WERE AUTOPSY FINDINGS
BY PHYSICIAN: MEDICAL		IT II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part								PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MI	EDICAL				26. PL	ACE OF D	EATH (Ch	eck only or	nel			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		1865		Value of				
H	27. MANNER OF DEATH	28a. DATE (OF INJURY	28b. TH	ME OF	28c. INJ	URY AT			SCRIBE HOW I	NJURY O	CURED	
Υ Ρ	1 Natural 5 Pere	ding stigation	Day, Year)	"	JURY		YES 2	□ NO					
	3 Suicide 8 Cou	ld not be buildin	not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Nur. City or Town. State)							and Numbe	er or Rural i	Route Number,	
COMPLETED	follows pink (2)	NG PHYSICIAN: To the best											a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF	CERTIFIER	11. 11.	-		1	29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
m·,	- T	handle late	NoIt	118	us	111	D0	2386	5		13	_9_9	3
5	30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)						1		
	W. H. Foard	d, M.D. 32	23 Main	St	. , E	Зэх	50 1	Man	ches	ter.	MD	2110	12
	31. DATE FIRED AND ITH, Day, Hear	1993 32. HEGIET	RAPE SIGNATURE	andel	2								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach and within 72 hours after death with the State Den, of Health and Mental Hotelee prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILEO (Month, Day, Year)

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	Item 23B, per MEO/S.Walke	er, G	G - 697,	3/25/93	gn		07065			
	1 - FOR STATE OF MARYLAND / C		TMENT OF I		REG. NO.	E	93 07265			
	1. DECEDENT'S NAME (First, Middle Last) FLIZABETH ANDERSON WHAY LAST COLOR SCURITY NUMBER S. SEX 8. AGE (in yrs. le.		4		MARCH 02	1993				
	4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. let $220-36-9275$ 1 \square M 2 XX 89	st birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03 21 1	903 N	BIRTHPLACE (State or Foreign Country) AUYLAND			
OR	9a. FACILITY NAME (if not institution, give street and number) 15 MWTAY AVENUE RESIDENCE OF DECEMENT		Annapo	or location of de ILLS	EATH	Anne	of DEATH Arundel			
DIRECTOR	100. STATE 10b. COUNTY MD Anne Arundel	10c. CIT	y, town or loca Anno	rion ipolis			10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \) NO			
	100. STREET AND NUMBER 15 Mwray Avenue		10	I. ZIP CODE	101		of what country?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 1 YES, GIVE WAR OR DATES 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 YES, GIVE WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	(Specify only highest grade completed) ((Give kind of a e. Do NOT us	USUAL OCCUPATI work done during me retired.) SCHOOL	est of working	166. KIND OF BUS	siness/industation	TRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) John W. Anderson				ME (First, Middle, Melden LNCE Blackt					
TO B	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Fluret Route Number, City or Town, State, Zip Code) 2507 Loloa Drive Kingsville, MD 21087									
	20e. METHOD OF DISPOSITION 10 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Cedar Bluff Cemetery Annapolis, Maryland									
	31 SIGNATURE OF FUNERAL SERVICE/LICENSEE			nd address of fa	Taylor		al Home rapolis. MD			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL CER	PART II. Other significant conditions contributing to deeth but not	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. F	LACE OF OEATH (C	neck only one)					
IVSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 27. MANNER OF DEATH 28e. DATE OF INJURY	3 DOA	4 Nursing Ho	THE 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	IN II IBY OCCIN	050			
BY PF	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	814	M 1	ORK? YES 2 NO						
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At I building, atc. (Specify)	nome, farm,	street, factory, offi	C®	28f. LOCATION (Street City or Town, State		Hural Houte Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MECICAL EXAMINER: On the best of examination end/or									
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU		29d. DATE S	SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT			rray Ave.	nue Annap	olis.	MD 21401			

Julia Davidson Bondale

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68/60, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR; After this cer be filed within 72 hours after death with the	IMPORTANT: if item 28 is marked, c

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Mary Elizabe	th Wieners	t			March 01	1993 YEA	11:25 Am			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign			
	217-07-8754	1 D M 2 XX 89	YRS.	MONTHS DAYS	HOURS MIN.	Dec. 27 1	Co	haryland			
	9a. FACILITY NAME (If not inatitution, give at		<u></u>	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF				
BY FUNERAL DIRECTOR	Anne Arundel Med	ical Center		Ann	apolis		Anne A	Vrundel			
<u> </u>	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
ā	MD Anne.	Arundel		herwood	Forest			LIMITS?			
AL	10e. STREET AND NUMBER				01. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
E	663 Maid Marion	Hill			2140	5	United	l States			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14. R	ACE — American Indian, lack, White, etc.			
	1 Never Merried MM Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES XX		S 1/1 NO Specif			white			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTR				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	work done during n se retired.)	lost or working						
M I	8		Homemak	er			Home				
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Sumame)				
BE	George Whiteley					unknown					
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
	Adolph C. Wiene	rt, Sr.	663 N	laid Mar	ion Hill	Sherwood	Forest,	MD 21405			
	20a. METHOD OF DISPOSITION 1 Burlal X Tremation 3 Ramo	val from State 201	netery, crematory or o	OF DISPOSITION (I	lame of	OATE 20c. LO	CATION - City or	Town, State			
	4 Donation 5 Dother (Specify)		t. linco	en Crem	atory 0:	3-02-93 Bro	entwood,	Maryland			
	A. SIGNATURE OF FUNERAL SERVICE LIE	INSEE /		22. NAME	AND ADDRESS OF FA	Taylo)	r Funero	ll Home			
	temale 8.	In Tor		147 V	uke of G	loucester S	St. Anno	ipolis, MD			
	23. PART I. Entar tha diseases, or co ahock, or heart fellure. L	omplications that cause	d tha daath. Do i	not anter tha m	oda of dylng, aud	ch as cardiac or resp	iratory arrest,	Approximata			
	IMMEDIATE CAUSE (Finel	T)	racii iilig.					Onset end Death			
	disease or condition resulting in death)										
	OUE TO (OR AS A CONSEQUENCE OF):										
S	Sequentially list conditions, Due to (or as a consequence of):										
CERTIFICATION	If any, laading to immediate cause. Enter UNDERLYING	DOE TO (OR AS)	A CONSEQUENCE OF	F):							
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF	F):							
E	resulting in death) LAST			,							
빙		,									
DICAL	PART II. Other significent conditions	contributing to death t	out not resulting	in the underlyi	ng cause givan in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음	COMP							COMPLETION OF CAUSE OF DEATH?			
ME								1 [] YES 2 [] NO			
ਤੇ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF OEATH (CA	eck only one)					
YS	1 YES 2 NO	1. Inpatient 2 - ER/Out		4 - Nursing Ho	me 5 - Residence	6 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED				
B	2 Accident Investigation	24 - 21 405 05 11 11 11			YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	<pre>/ — At home, farm, : cify)</pre>	street, factory, off	Ċa	281. LOCATION (Street a City or Town, State)		al Route Number,			
<u></u>	29a, CERTIFIER										
COMPLETED	(Check only	IAN: To the best of my know									
S.	2 MEDICAL EXAMINER	t: On the beels of examination	n end/or investigation	n, in my opinion,	death occured at the	time, data and placa, an	d dua to the caus	e(a) and manner as stated.			
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	0/-			29c. LICENSE NU	MBER		ED (Month, Day, Year)			
5	Kulul 76	Telen -			D24804		► Marc	ch 02, 1993			
- 1	30. NAME AND AODRESS OF PERSON WHO										
	Robert T. Pete	rson. M.D.	600 Ridg	ley Ave	nue #12:	1 Annapol	is. MD 2	1401			
	MAR 0 4 199	32. JEGISTRAP'S SIGN	ATURA SANCERE			<u> </u>					
	mrut 0 x 133	90	*								

	OF COMPLETE DAY DESCRIPTION OF THE PROPERTY OF
i examiner must be notified at once.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp
DATE THOUSE, MARIENTE	

31. DATE FILED (Month, Day, Year)
MAR 0 4 1993

	1 - STATE REGISTRAR	STATE OF I	MARYLAN	D / DEPAR	RTMENT OF	F HEA	ALTH /	AND M	ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) Wilson								2. DATE OF DEATH	AY	41 4	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 135-09-5978	5. SEX	6. AGE (In yrs	i. last birthday)	Ipper,	AR I	F UNDER 2	HRS.	02/21/ 7. DATE OF BIRTH (Morth, Day, Year) 07/10/11		Countr		R In
TOR	9a. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Center RESIDENCE OF DECEDENT Annapolis							07/10/11 Pa. 9c. COUNTY OF DEATH Anne Arundel					
DIRECTOR	MD 10b. COUNTY Anne Arundel				y, town or location napolis						10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	408 Hillsmere D			101. ZI	P CODE	2140)1		S.A	HAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO						14, RACE Black Specif	- American Indian, White, atc.		
COMPLETED	15. DECEDENT'S EDU((Specify only highest grade) Elementary/Secondary (0-12)			(Give kind of life, Do NOT us	,	ATION most o	f working		16b. KIND OF BUS				
	17. FATHER'S NAME (First, Middle, Last)			Sales	person	18			Indust		Sal	es	_
BE	Wilson Woelpper 19a. INFORMANT'S NAME (Type/Print)	. Sr.		19b. MAILING	ADDRESS (Stre	et and I			Crawford ute Number, City or Tow.	n State 7ir	Codel		
5	Mr. John Woelpp	er			ill Rd		111214		Severna			21146	
1	20a. METHOD OF DISPOSITION 1	oval from Stata	cemetery,	cremetory or o	OF DISPOSITION		of			CATION			
	21. SIGNATURE OF THE PART SERVICE LIC	ENSEE		ero er	ematory 22. NAME Barra	AND A		OF FACIL	2-22 Cato 495 F al Home Se	Ritch	ie H	wy.	46
	23. PART (Énter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or haert failure. List only one cause on each line. Approximate interval Between Onset end Desth or condition resulting in death) Dise TO (OR AS A CONSEQUENCE OF);												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other significant conditions COPD ISCHEMIC					ing ca	use glv	en in Pa	PERFOR	MED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. OTHER:	PLACE	OF DEAT	TH (Check	only one)				
H.S	1 YES 2 DEATH	28a. DATE OF (Month, De	INJURY	28b. TIMI	OF 28c. 1	NJURY			Other (Specify) 8d. DESCRIBE HOW IN	JURY OCC	URED		
B	1 National 5 Pending 2 Accident Investigation			INJ	M 1		2 🗌 N						
9	3 Suicide a Could not be determined	building,	etc. (Specify)	nome, rarm, s	treet, factory, of	fica		2	8f. LOCATION (Street & City or Town, State)	nd Number	or Runal Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the beat of ex	my knowledge, amination end/	dasth occurre	d at the time, do	ste end , death	place, er	d due to	the ceuse(a) and men-	ner ea state	ed. e cause(a)	end manner as stated	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER / WEWWY	huls	hr	11)		290	DO	38	67		SIGNED (Month, Day, Year) 1-93	
	30. NAME AND ADDRESS OF PERSON WHO THOMAS WAYS	HMD	269	Peni	Print)	,	Tur	m	Rd An			nd 21012	>
	31. DATE FILED (Month, Day, Year) MAR 0 4 1993	32 REGISTRAT	PIS SIGNATURE	Indella									

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1YSIC	ils ce	III II	od,
4G PI	ter th	ath w	nark
NDI	R: Af	er de	8
AIT	ECTO	s aft	n 28
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arts	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	hour	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL	in 72	1
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL				HEALTH AND	MENT) ()	01200
	1. DECEDENT'S NAME (First, Middle, Last)		- OLIT	THIOA	12 01	DEATH	2 D	REG. NO.		1.	. TIME OF DEATH
	FAhol	1.116	/ 1	Men	1Ko	١.	, MO	NTH / DA		YEAR 993	11:00
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birt	tholay) IF UM	DER 1 YEAR	IF UNDER 24 HRS	-	TE OF BIRTH	- 1	1 100	ACE (State or Foreign
	129-01-1051			YRS. MONTH	1	HOURS MIN.	(M4	onth, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give s		/4		-			/25/18			York
Œ	11 -	1 11	1-6	(11	IIY, IOWN	OR LOCATION OF			2	NTY OF DEA	
5	HAR FORD ME	norial tos	PITA	1 170	ZVRE	DE G	raci	67	Ha	RFOR	2
DIRECTOR	10a. STATE 10b. COUNTY	1	10	c. CITY, TOW	N OR LOCA	TION				1	Od. INSIDE CITY
ā	Maryland Har	ford	I	Aberde	en					1	LIMITS?
FUNERAL	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT		AT COUNTRY?
EA	617 Marjorie Lan	e				21001			1	U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	1	3. WAS DEC	ENDENT OF NISE	ANIC ORI	GIN? (Specify Yes			- American Indian, White, etc.
BY F	1 Never Married 2 Married	FORCES? 1 YES				ecity Cuban, Mexis 2 X NO Spe		to Rican, etc.)		Specify:	
	3 Widowed 4 Divorced									Whi	
COMPLETED	15. DECEDENT'S EDUA (Specify only highest grade	CATION completed)	16a. DECED	ENT'S USUAL ind of work do NOT use retire	OCCUPATE	ON ost of working	1	16b. KIND OF BUS	INESS/INC	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)									
MP	12	0	Civi	l Ser	vice			U.S Gov	rt.		
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S	NAME (Fire	st, Middle, Maiden S	Sumame)		
BE	Harvey Evans							Von Si			
6	19e. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADOR	ESS (Street a	and Number or Run	n/ Route N	umber, City or Town	, State, Zip	Code)	
_	Dr. Theodore J.	Wentka	6	17 Ma	rjori	e Lane.	Abe	rdeen.Ma	arvla	and :	21001
- 1	20a. METHOD OF DISPOSITION 1 Durini 2 Cremation 3 Rem	oval from State 20b	PLACE AND	DATE OF DISP	OSITION (Na	ame of	D	ATE 20c. LOC	ATION —	City or Town	, State
	4 Donation 5 Other (Specify)	R	. A. F	<u>'erris</u>	& Co	mpany, I	nc.3	/8 West	che Che	ester	, PA
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1		ND ADDRESS OF		1 1	* 1 11.10		
	ursten H	NUMBER	esk	00	Aber	deen. M	go r arvl	uneral I and 21(10me,	3399 ^A	•
	23. PART i. Enter the diseases, or o	omplications that caused	the death.	Do not en	ter the mo	de of dying, so	uch as c	ardiac or respir	atory an	est,	Approximate
J	SHOCK, OF HEART SHILIFE.	List only one ceuse on e	ach line.	1		Λ					Onset and Death
	disease or condition	Intrac	cista	al b	Que	nlog					18/1000
	resulting in death)	DUE TO (OR AS A	CONSEQUEN		- 0000	1000					100000
z		.1									<u> </u>
TIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUEN	NCE OF):							
8	cause. Enter UNDERLYING CAUSE (Disease or injury	с.									
E	that initiated events	DUE TO (OR AS A	CONSEQUEN	ICE OF):							
CER	resulting in death) LAST	d									
	PART II. Other significent condition	s contributing to death b	ut not resul	Iting in the	underivin	a ceuse alven	in Part I	24a, WAS AN	umopev	245 4	/ERE AUTOPSY FINDINGS
₹ I				tung in the	dildellyin	g couse given	iir Fart I.	PERFOR		A	MAILABLE PRIOR TO OMPLETION OF CAUSE
								1 TYES 2	NO		F DEATH?
Σ						_				,	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 0	ACE OF DEATH (Oh	1			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	200.00	ОТН	ER:	LACE OF DEATH (
۲ إ	27. MANNER OF DEATH	26a. DATE OF INJURY		b. TIME OF	lursing Hom 28c. INJ	ne 5 Residenc		ther (Specify) DESCRIBE HOW IN	#### 00	NAME OF THE PARTY	
	1 Natural 5 Pending	(Month, Day, Year)	1	INJURY	WC	PRK?	260, L	PEŞCHIBE NOW IN	JUNT OCI	JUHED	
B	2 Accident Investigation	28e. PLACE OF INJURY	— At home	form street 5			204 1	OCATION (Street or	net Marmhae	or Dum/ On	de Alconhan
	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spec	orly)	ottoot, I	assury, orne		C	OCATION (Street as lity or Town, State)	N NUMBER	or murai Mou	ile Municer,
COMPLET	29a. CERTIFIER			-0.5				_		· -	
MP	(Check only	CIAN: To the best of my know									
8		R: On the basis of examination	in and/or inves	enymon, in m	y opinion, d	eem occured at t	ne time, d	ate and place, and	due to th	e cause(a) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	W.				29c LICENSE N	UMBER		29d. DAT	E SIGNED W	fonth, Day, Year)

2

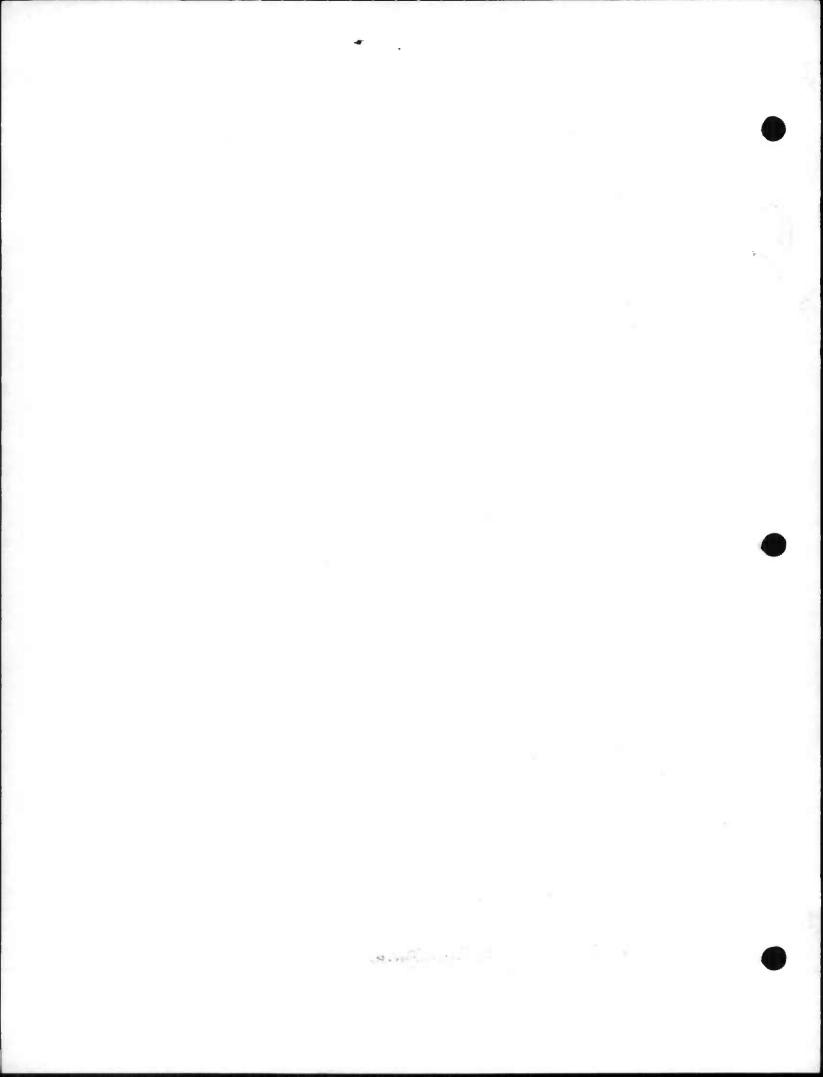
30. NAME AND ADDRESS OF PERS CHARLES E 31. DATE FILED (Month, Day, Year) MAR 0 4 93

32. REGISTRAR'S SIGNATUR

Confined to the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PITAL	RAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	F. 16 H
HOS	FUNE	within	TAN
O THE	O THE	e filed	MPO
-	-	Ф	-

	REGISTRAR			EMILIE	ICALE	UF	DEATH	REG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)	n	1/	1 .	1			2. DATE OF DEATH MONTH DA	lA.	YEAR 3.	TIME OF DEATH
	Vincent	Λ.		~	ngt	0 Y	1	Feb. 26		993	7:30 Pm
	4. SOCIAL SECURITY HUMBER		AGE (In yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Year)		Country)	ACE (State or Foreign
	220-01-9869	1 📉 M 2 🗌 F	73	YRS.				Aug. 22, 19			bury, MD
OC.	9a. FACILITY NAME (If not institution, give s		1.1				R LOCATION OF DE	EATH		NTY OF DEAT	
5	So. Marylan	d Hospi	tal			_ [,	nton		Pr	inca	Georges
EC	10e. STATE 10b. COUNTY	1		10c, CITY	Y, TOWN OR	LOCAT	ION			10	d. INSIDE CITY
DIRECTOR	Maryland Char	les		Ind	ian H	lead				1	LIMITS?
A	10e. STREET AND NUMBER						ZIP CODE		10g. CITI	IZEN OF WHA	T COUNTRY?
FUNERAL	Rt 2, Box 79P					2	0640		US	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT ET	ER IN U.S. AR	MED	13. W	AS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No—	14. RACE -	American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 THE IF YES, GIVE WAR	OR DATES	•0			2 NO Specify	n, Puerto Rican, etc.)			Black
	15. DECEDENT'S EDUC	PATION .	1 40 - 22								Didek
COMPLETED	(Specify only highest grade	completed)	(Gi	ive kind of w Do NOT us	USUAL OCC rork done du e retired.)	ring mo	IN st of working	16b. KIND OF BUS	SINESS/INC	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)			dian			Charles	e Co	untv	Schools
8	17. FATHER'S NAME (First, Middle, Last)		£ 1		0 1 0 11		18. MOTHER'S NA	ME (First, Middle, Maiden		uncy	Denools
BE C	Charles H. Washi	ngton					Ada A.				
	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip	Code)	
오	Clara V. Washing	ton	Rt	2 B	ox 79	, I	indian He	ead, MD 20	640		
	20a. METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Rame	and tone Cant	20b. PLACE	AND DATE O	F DISPOSIT	ION (Na	me of	DATE 20c. LO	CATION —	City or Town,	, Stata
	4 Donation 5 Other (Specify)	oval from State	Mary Ia	matory or of and V	^{her place)} etera	ns '	3/	/4/93 [Che]	ltenh	am, M	D
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0				ns Funer				
	> 9 love	11 201	0					ат поше <u>Rd,</u> Aquas	co l	MD 206	508
	23. PART I. Enter the diseases, or o	complications that ca	used the de	eth. Do n	ot enter th	he mo	de of dying, suc	h as cardlec or respi	ratory en	rest.	Approximate
ı	shock, of heert failure. IMMEDIATE CAUSE (Finel	List only one ceuse	on eech line								Interval Between Onset and Death
1	disease or condition								Hours		
	e. ACUTE CARDIOPULMONARY FATLURE DUE TO (OR AS A CONSEQUENCE OF):								1100125		
Z	Sequentially list conditions, MALIGNANT LYMPHOMA, REFRACTORY TO CHEM							OTHE RAPY DAYS			
Ĕ	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING UNRESOLVING PNEUMONIA, PSEUDOMONAS										
5	CAUSE (Disease or Injury		AS A CONSEC			A , 1	PSEUDOM	ONAS ORG.	ANIS	MS	DAYS.
Ē	that initiated events resulting in death) LAST			131777	,	SEN	/A WTTH	RESPIRA	r O R V	FAT:	LURE . DAYS
CERTIFICATION									LOICI	LAL	BOIG. DAID
EDICAL	PART II. Other significant condition	s contributing to de	eth but not n	esulting i	n the und	erlying	cause given in	Part I. 24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
8	- CHRONIC OBS'	TRUCTIVE	PULMO	ONAR	Y DI	SEZ	ASE WIT	H 1 YES 2	NO	CC	OMPLETION OF CAUSE DEATH?
ME	BRONCHITIS	AND BRONG	CHOSP	ASM							□ YES 2 □ NO
ä	DIABETES ME	LLITUS,T	YPE I	I.CA	CHEX						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (Ch	eck only one)			
ΙΥS	1 VES 2 NO 27. MANNER OF DEATH	1 Nonetlent 2 En			4 Nursing Home 5 Residence 8 Other (Specify)						
=	1 Netural 5 Pending	(Month, Day,)		28b. TIMI INJ	URY M	WO		28d. DESCRIBE HOW I	NJURY OC	CURED	
8	2 Accident Investigation 3 Suicide # Could not be	28e. PLACE OF IN	JURY — At ho	me, tarm, s	treet, factor		-5-5	281. LOCATION (Street a	and Number	or Burni Bout	n Number
	4 Homicide detarmined	building, atc.	(Specify)					City or Town, State)	and remode	OF FIGURE FIGURE	· rtanion,
Ë	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the heat of my	knowledge de	eth accurre	d at the time	. data					
COMPLETED	(Check only one) 2 MEDICAL EXAMINE										of manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER					1					
BE	Date	the d					D12884	ABER			1993
2	30. NAME AND ADDRESS OF PERSON WH	O OOMPLETED CAUSE O	F DEATH (ITEM	4 27) /Tone	Print)		D12004		~ BC	12.41	1990
	PETER W.YIM M					VF.	SUTTE	101, CL	тит∩	OM, MO	20735
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		- * * * * * * * * * * * * * * * * * * *	J.1. 11) لساد پ	. 55211	101, 01.	~~	9.22	
	MAR 05 '93		Twiday	m.	1 24						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	24 hours after death. Page 6 may be retained by the hosp	In by the funeral director, page 5 should be detached r removal.	iedical examiner must be notified at once.	
F F E E	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled bd within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	DRTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the m	

KIN

31. DATE FILED (Month Day Ye

3°25

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.		07270
	1. DECEDENT'S NAME (First, Middle, Lest) Cora		illia	Walker	<u> </u>	27 1 993	3. TIME OF DEATH 2:10 NP
		5. SEX 6. AGE (In yr. 1 0 4	MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Countr	PLACE (State or Foreign y) t Co. MD
HC.	90. FACILITY NAME (If not institution, give stre The Kent and Oueen	· ·		Chesterto	DEATH	ec county of b	EATH
ŭ	RESIDENCE OF DECEDENT	Aille 3 Hospi			ZWII	I Kell	
DIRECTOR	MD Ken	t	Wort	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Route 1, Box 39	4		101. ZIP CODE 21678		10g. CITIZEN OF W	HAT COUNTRY? USA
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	cen, Puerto Ricen, etc.)	Bleck	- American Indian, , White, etc. by:Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	16a	Give kind of work dor life. Do NOT use retired unknow	ne during most of working i.)	16b. KIND OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Alexander D	orsey		18. MOTHER'S N	AME (First, Middle, Maiden se Ann Tilg	Surname)	
TO B	190. INFORMANT'S NAME (Type/Print) Joan Walker	Hunter		SS (Street end Number or Rura 11shire Dr.,			1
	20e. METHOD OF DISPOSITION 1 (Zi Burlat 2 Cremetion 3 Remov		CEANDDATE OF DISP c, crematory pr other place Olive C	OSITION (Name of	DATE 20c. LO	CATION — City or Tox	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICE			2. NAME AND ADDRESS OF I		utlertow	II, MD
	1	M00537		Bennie Smit	h Funeral H	ome	
	23. PART I. Enter the diseases, Dr co	mplications that caused the	death. Do not ent	516 So. Mai ar the mode of dying, su	ch ea cardiac or reapi	ock MI) ratory arreat,	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsi	ina.				Interval Between Onset and Daath
		DUE TO (OR AS A CO	ISEQUENCE OF):				
Z							
ATIO	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A COR	ISEOUENCE OF):				
ERTIFICATIO	if any, leading to immediate	DUE TO (OR AS A CON					
L CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A COM	ISEQUENCE OF):	underlying cause given is	n Part I 240 MAC AN	AUTOREV Toda	
_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions	DUE TO (OR AS A COR	ISEQUENCE OF):	undarlying cause given in	Pert I. 24a. WAS AN PERFOR 1 YES 2	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions DALL Meu Osciolation	DUE TO (OR AS A COM	ISEQUENCE OF):	iced	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions OLLL Meu OSCASE REFERRED TO MEDICAL EXAMINER?	contributing to deeth but n	ot resulting in the	26. PLACE OF DEATH (C	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions Oher Conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A CONCENTION OF TALE) Contributing to death but n Contributing to death but n Contributing to death but n Contributing to death but n Contributing to death but n	ot resulting in the Cadway	26. PLACE OF DEATH (CER: ursing Home 5 Residence	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions DLLL Metrol 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 W Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR AS A CONCENTION OF TALE) 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — A	ot resulting in the CACAVAL 1 3 DOA OTHI 4 N N N N N N N N N N N N N N N N N N N	26. PLACE OF DEATH (C ER: uraing Home 5 Realdence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR 1 YES 2 theck only one) 6 Other (Specify) 28d. DESCRIBE HOW IS	NO NO MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions DALA Metu Assembly Carlot Conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A CONCENTION OF TO AS A CONCEN	ot resulting in the CACAVAL 1 3 DOA OTHI 4 N N N N N N N N N N N N N N N N N N N	26. PLACE OF DEATH (C ER: uraing Home 5 Realdence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR 1 YES 2 Theck only one) 6 Other (Specify) 28d. DESCRIBE HOW IP	NO NO MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions DLLL PARL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Yes 2 NO 27. MANNER OF DEATH 1 Yes 2 NO 28. Was CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 29. CALL 1 Yes 2 NO 20. MANNER OF DEATH 1 Homicide 6 Could not be determined	DUE TO (OR AS A CONTINUED TO (OR AS A CONTINUED CONTINUE	ot resulting in the CASA ALL ALL ALL ALL ALL ALL ALL ALL ALL	26. PLACE OF DEATH (CER: uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	PERFOR 1 YES 2 check only one) 6 Other (Specify) 28d. DESCRIBE HOW IS City or Town, State)	MED? NO NO NURY OCCURED Ind Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions DLLL PARL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Yes 2 NO 27. MANNER OF DEATH 1 Yes 2 NO 28. Was CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 29. CALL 1 Yes 2 NO 20. MANNER OF DEATH 1 Homicide 6 Could not be determined	DUE TO (OR AS A CONTINUED TO (OR AS A CONTINUED TO (OR AS A CONTINUED TO (A) TO	ot resulting in the CASA ALL ALL ALL ALL ALL ALL ALL ALL ALL	26. PLACE OF DEATH (CER: uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	PERFOR 1 YES 2 Theck only one) 6 Other (Specify) 28d. DESCRIBE HOW IF 28f. LOCATION (Street e City or Town, State) to the cause(s) and man e time, date and place, and	MED? NO NO NURY OCCURED Ind Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, end manner es stated.

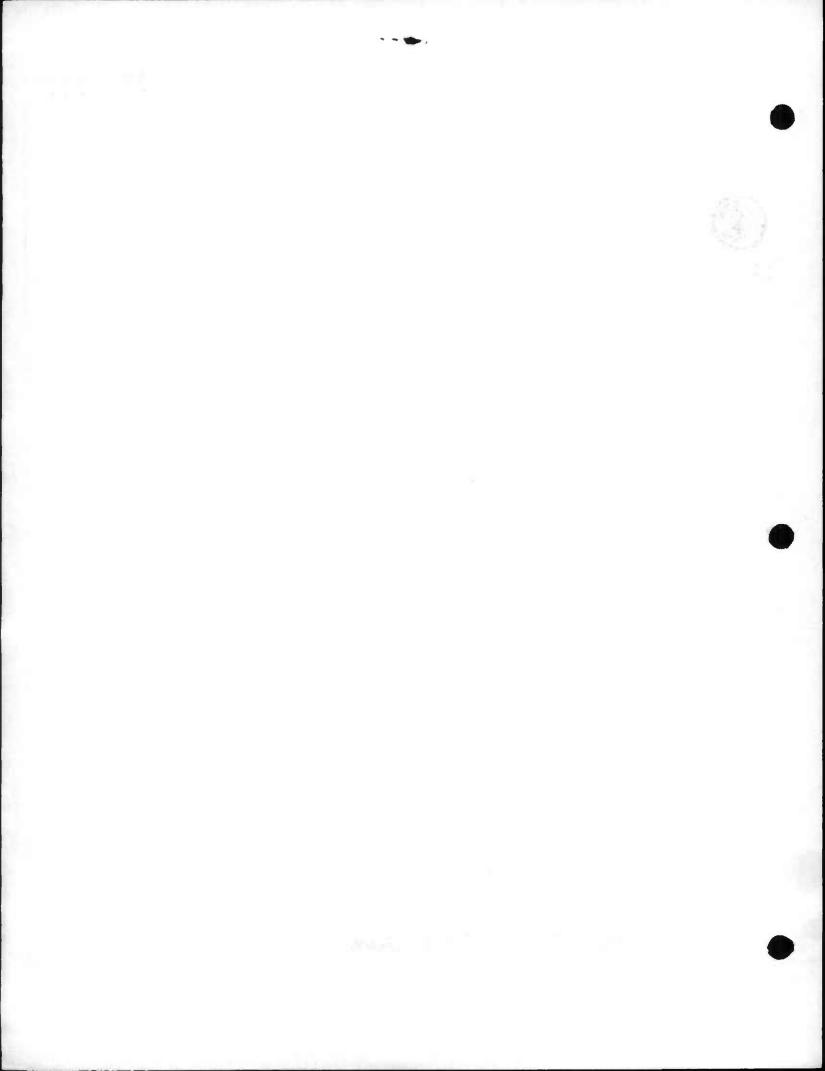
OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR SIGNATURE
Julia Davidson

-Pandelle

21 6 21620

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DHMH-16 Rev 1/89

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	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		T. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	After	death	ma a
	9	fter	
	MECT	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 2
	7	2	1
	ER.	n 7	-

1. DECEDENT'S NAME (First, Middle, Last)													dec see
	-	75 -	17 - 17 - 17 - 17	-						2. DATE OF DEATH	DAY 22	YEAR 3	1035 M
	4. SOCIAL SECURITY NUMB	ER	p Young	6. AGE (In vrs. la	st hirthday)	IF UNDER	1 VEAD	IF UNDER	24 1000	7. DATE OF BIRTH		, 0	
	222 20 11	7.0	1₽M2□F	, , , , , , , , , , , , , , , , , , , ,	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year,		8. BIRTHPLACE (State or Foreign Country)	
	223-30-11 9a. FACILITY NAME (# not in:	stitution, give s		63		Oh CITY	TOWN	OR LOCATI	011 05 05	2-10-3			rginia
œ	Shada (-d die	ata/			CKV			96. 000	INTY OF DEA	TH CONTRACT
유	RESIDENCE OF DEC	EDENT	e Fa concil	3 / 103/	2-10-1	11	700	LAV	1 116		110 <u>//</u>	1001	goney
DIRECTOR	10a. STATE	10b. COUNTY		10c. CI1	Y, TOWN	OR LOCA	TIDN			Od. INSIDE CITY			
	Md.	Prin	ce Geor	ge's		Forestville				1			LIMITS?
A	10e. STREET AND NUMBER						10f. ZIP CODE				10g. CI	TIZEN OF WH	AT COUNTRY?
E	3323 Pum	phrey	Drive		20								
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AF	RMED					IC DRIGIN? (Specify	Yes or No-	14. RACE -	- American Indian, Whita, alc.
BY	IF YES, GIVE WAR OR DATES 1 YES 2X ND Specify: Specify:										Specify:	White, aic.	
				8-195									White
	(Specify only	highest grade	completed)	(G	ECEDENT'S live kind of DO NOT u	work done	CCUPATI during me	ON ost of workin	ng	166. KIND OF	BUSINESS/IN	DUSTRY	
1 2	Elementary/Secondary (0-	-12)	College (1-4 or 5+)										
COMPLETED	17. FATHER'S NAME (First, MI	(ddle Last)			Pd	inte	er_	40. 44000			Intin	g	
	John P.		Sr							ME (First, Middle, Maid			
H	19a. INFORMANT'S NAME (7)		, SI.	10	h MAII INC	ADDRES	Ctmat :	and Mumba	101	a Ellen	Knor	wles	
2	Joseph P.	,	na							anicsvi.			659
1	20a. METHOD OF DISPOSITI		<u> </u>	20b. PLACE								City or Town	
	XSuriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	n 3 🗆 Reme (Specify)	oval from Stata	comotoni ori	amanan ar a	there mises?		2	-26-	07			
i	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE /	0 1	Late	22.	NAME A	ND ADDRES	SS OF FAC	Leryi Cr	elte	nham,	Md .
- 1	»C/-	11	ant	1		66	533	Old	Ale	exander	Ferr	y Ro	Md. ome,Inc.
\neg	23. PART LEnter the de	25/	gento	you		Nor ii		COII,	PICL - 4	(0/30			
	shock, or he	eart failure.	List only one caus	e on each line	N. DO	not enter	the mo	ide of dy	ing, such	as cardiac or re-	piratory ar	rest,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Fin disease or condition	al		ENI	191	mi	PA	nhy					Onset and Death
- 1	resulting in death)	*	BULLE TO (OR AS A CONSEQUENCE OF):										
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CERTIFICATION	Sequentially list condition if any, leeding to immediate		DUE TO (OR AS A CONSE	QUENCE O	P):							-
3 1	cause. Enter UNDERLYII	NG D											
Ĕ	CAUSE (Disease or Injur that initiated events		DUE TO (OR AS A CONSE	QUENCE O	r):							
E	resulting in death) LAST												
	PART II. Other significan	nt condition	s contributing to o	leath but not r	resulting	in the un	derlyin	o cause o	dime in E	lest I as- was	UN AUTOPSY	Tan m	
EDICAL	ALLOH	rust	1, CIR	RHUSI.	5.	ALU	1400	116	HIPI	971775 PERF	ORMED7	A	REAUTOPSY FINDINGS BLABLE PRIOR TO OMPLETION OF CAUSE
					1	67.00	,, ,,			1 ☐ YES	2 A NO		DEATH?
2										-		- 9	□ YES 2 € NO
¥	25. WAS CASE REFERRED TO	MEDICAL I				_	tris tris	ACE OF D	EATH /Char	ok only one)			
잃	EXAMINER?		HOSPITAL:	EB/Outcotleof 3	□ nna	OTHER	R:		the latest the latest	with the first territory and the second			
PHYSICIAN:	27. MANNER OF DEATH		26s. DATE OF I	NJURY	28b. TIM	E OF	26c INJ			Other (Specify) 28d. DESCRIBE HOY	Y INJURY OC	CURED	
	The state of the s	Pending restigation	(Month, Dep	. Year)	114.	/URY M	WC	YES 2			maarir ac		- 1
BÁ	a Claute	Could not be	28s. PLACE OF	INJURY At ho	me, ferm,	street, face	ery, uffic	-		28f. LOCATION (Street	it and Numbe	r or Aust Aout	w Number
ĔΙ		letermined	building, e	tt. (Specify)					- 1	City or Town, Sta			
ן ב	29a. CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the heat of n	w knowledge de	eth occur	ad at the st		and alana	20100	- M			
COMPLETED	298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: Do the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										od manner on whether		
H	Q1 (aleun)					NSE NUME	Z 5/8	29d. DAT	E SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF	00 000	COMPLETED ONLO		M 27) /Tona	Print)							
	Gur CH	HABUR	mi, 11	251 4	UCK	wol	M	Dru	VE ,	SILVET	3 SPI	ein c	4020907
	31. DATE FILE (MODE), DON, 1	5 ″ 1993	32. REGISTRAR	'S SIGNATURE	Pande	02							

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	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usi	
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	96	pt. of Health and Mental Hygiene prior to burial, cremation, or removal
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						93	07272						
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AN	D MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)	ELLEN 2	EPP		2. DATE OF DEATH MONTH	S 9 3	3. TIME OF DEATH						
	The second secon	6. AGE (In yrs. les	st birthday) IF UND	DAYS HOURS ME	48.4 48 . 69 . 14 . 4	8. Bi	RTHPLACE (State or Foreign unity)						
NO.	Se. FACILITY NAME (II not institution, give street and number) CRYCLI COUNTY OF DEATH Se. COUNTY OF DEATH CRYCLI COUNTY OF DEATH CRYCLI COUNTY OF DEATH CRYCLI COUNTY OF DEATH CRYCLI COUNTY OF DEATH CRYCLI COUNTY OF DEATH												
DIRECTOR	PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN	on Location tminster			10d. INSIDE CITY LIMITS?						
			Wes			1 YES 2 NO							
BY FUNERAL		2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 WI IF YES, GIVE WAR OR DATES	RMED 13	SPANIC ORIGIN? (Specify Yearican, Puerto Rican, etc.)	To or No— 14. RACE — American Indian, Black, White, etc. Specify:								
ed at once. BE COMPLETED E		FION 16e. DE (G (G (Hr) (Fig. 1) (G (Fig. 1) (Fi	ECEDENT'S USUAL. Give kind of work done Do NOT use retired.	OCCUPATION a during most of working)	16b. KIND OF BU		nite v						
ĕ P	12	Ho	omemake		n/a								
E 8	17. FATHER'S NAME (First, Middle, Last)	-+			NAME (First, Middle, Maiden								
BE													
2													
examiner must be notified at once. TO BE COM	Mr. Calvin E. Zepp 299. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)												
Je la la la la la la la la la la la la la	21. SIGNATURE OF FUNERAL SERVICE LICEN		22	. NAME AND ADDRESS O	F FACILITY								
Exa	Robert K	Pritts. Sr.			eral Home								
event, the medical	Robert K. Pritts. Sr. 412 Washington Rd. Westminster. MD 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and anock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSECUENCE OF): Approximate interval Betwee Onset and Death Oue TO (OR AS A CONSECUENCE OF):												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE											
PHYSICIAN: MEDICAL CER		contributing to death but not o	resulting in the u	inderlying cause give	n in Part i. 24a. WAS AN PERFOI	RMED?	24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 — YES 2NO						
M 23 ST	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF GEATH	(Check only one)								
YSICI,	1 YES 2 NO	OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 N	R: Insing Home 5 ☐ Reside	nce 6 Other (Specify)								
BY PH		28e. DATE OF INJURY (Month, Day, Year)	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCURED								
TED		28e. PLACE OF INJURY — At he building, etc. (Specify)	ctory, office	281. LOCATION (Street City or Town, State)		ral Route Number,							
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge, do On the beele of examination end/or					se(e) and menner ee stated.						
O BE C	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 3/8/93												

ANO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHAW EA

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MO

32. REGISTRAR'S SIGNATURE

GIVE HEMILION - FOR MARKET

HOSP.

County

Carroll

Vania

9s. FACILITY NAME (If not institution, give street and number)

5. SEX

1 M 2 KF

YEAR

9c. COUNTY OF DEATH

1993

3. TIME OF DEATH

a. BIRTHPLACE (State or Foreign Country)
Washington, DC

2:45 A.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 02/02/92

02

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Ünknown

DAYS

Oluwakekoide Zamba

1

6. AGE (In yrs. last birthday) #F UNDER 1 YEAR

YRS.

N	한	5290 Marlboro	Pike			Capi	tol Heio	hts	3	Prin	nce G	Georges
	DIRECTO	10s. STATE 10b. COUNTY			10c. CITY, TO	WN OR LO	CATION				10d	. INSIDE CITY LIMITS?
ilt. P		MD P.G.	•		Greer	nbel	t				11	YES 2 NO
t per	ᇫ	10e. STREET AND NUMBER					101. ZIP CODE				N OF WHAT	COUNTRY?
ian. transi	FUNERAL	9150 Edmonstor	1 Road #10				20770			U.S.	Α.	
attending physician. se as the burial-transit permit. Pages	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARME 2 NO DATES	2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					4. RACE — A Black, Wh Specify: 31ack			
Se att	Ĕ	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECE (Give	DENT'S USU kind of work	AL OCCUP	ATION most of working	10	Sb. KIND OF BUS	SINESS/INDU	STRY	
the hospital or att detached for use once.	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		nploy	_			N/A			
the hordetach	Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First	, Middle, Malden	Sumame)		
क्र दि	BE (Victor Zamba					Bunmi	Ahm	ad			
5 should notified	5	19a. INFORMANT'S NAME (Type/Print)										
		Victor Zamba						#1				
e 6 may ector, p		20q.,METHOD OF DISPOSITION 1 ABurtal 2 Cremation 3 Rame 4 Donetion 5 Other (Specify)	ovel from State	b. PLACE AND metery preme asn 11	tory or other c	sposition	(Name of t'l Ceme	ter	Y Su	сатюм — сн itlar	ty or Town, \$	State Sarvland
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after death. Page 6 may be by the funeral director, page smoval.		Harah Sa	anch				2 11th S					
that the death certificate be executed within 24 mours ed by the attending physician and completely filled in th and Mental Hygiene prior to burial, cremation, or ru any injury, or other traumatic event, the med	MEDICAL CERTIFICATION	shock, or neert fellure. I iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ENCE OF):	CE OF): CE						Intervel Between Onset and Death Death RE AUTOPSY FINDINGS LABLE PRIOR TO PULCTION OF CAUSE DEATH?	
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The are D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1 000	HER:	PLACE OF DEATH (Ch	eck only	one)			
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VG PHYSICIAN: ther this certification with the St marked, or It		27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)		86. TIME OF INJURY		INJURY AT WORK?					ont Tim
After death	à	2 Accident Investigation	02/20/93 260. PLACE OF INJURY		10:10	PI.	YES 2 NO					
ATTENCECTOR: s after	E I	4 Could not be determined	building, etc. (Spe	cify)			Buildin	C/4	y or Town, State)	City or Town, State, Zip Code) Greenbelt, Md 20c. Location – City or Town, State Suitland, Maryland d Funeral Home N.W. Wash. DC correspiratory errest, Approximate intervel Between Onset and Death Approximate intervel Between Onset and Death Approximate intervel Between Onset and Death Approximate intervel Between Onset and Death E. N.W. Wash. DC COMPLETION OF CAUSE DE DEATH? YES 2 NO Decity) IBE HOW INJURY OCCURED Tim of Apartment Fire DOWN (Street and Number or Rural Route Number, State) Marlboro Pike		
TO THE HOSPITAL OR ATTENDING PY TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w IMPORTANT: If Item 28 is mark	COMPLETED		CIAN: To the best of my know R: On the basis of axamination									menner as stated.
E HO	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NUI	MBER		29d. DATE S	SIGNED (Mon	ith, Day, Year)
E E S S S S S S S S S S S S S S S S S S	TO B	30. NAME AND ADDRESS OF PERSON WHO	4711 0701	O.C.M.E.								
(2)		An Dixon		111 1	Penn		eet, Bal	tim	ore, N	Maryl	and	21201
		FEB 2 5 1993	Julia Davidos	W- Hary	LE							

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Thomas Militano,

31. DATE FILEO (Month, Day, Year) MAR 0

M. D.

FOR 1663-3 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 4 1% CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) Evelyn Clinton Zagorski 1993 6:15 PM 02 March 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE HOLIER 1 - M 2 / June 25 1932 047-24-3045 Connecticut 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Takomà Park Washington Adventist Hospital Montaomeru DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY 10a STATE South Windsor 1 YES 2 100 CT Hartford 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY FUNERAL 10e STREET AND NUMBER 06074 United States 708 Sandstone Drive burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 X YOO Specify: FORCES? 1 YES 2 NO 1 Never Merried 2 Married Specify Widowed 4 Divorced BY White 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 18h KIND OF BUSINESS/INQUISTRY 15. DECEDENT'S EDUCATION (Sne ify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Aeronautics 12 Director 16. MOTHER'S NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First, Middle, Last) Marshall Clinton Helen Jaconski 育 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward Zagorski 303 Prospect Avenue East Hartford, CT 06108 90 20a. METHOD OF OISPOSITION
1 Duriel 2 Oceration 3 4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or must Cedar Hill Crematory Hartford, CT 21. SIGNATURE OF FUTERA 22, NAME AND ADDRESS OF FACILITY examiner Taylor Funeral Home en 147 Duke of Gloucester St. Annapolis, medicai 23. PATT I. Enter the diseases, or complications that caused the de-shock, or heert failure. List only one ceuse on each line. seeses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete has been signed by the attending physician and completely filled in by to Dept. of Health and Mental Hyglene prior to burial, cremation, or remove 28 shows any injury, or other traumatic event, the medical interval Between **Onset and Death** IMMEDIATE CAUSE (Final HOUKS disease or condition reaulting in death) ASCENDING, DESCENDING DISSEC CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST DIVISION OF VITAL RECORDS, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE POST ADRTIC VALUE REPLACEMENT TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State C Hell HOSPITAL: OTHER: 1 WES 2 110 etlent 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 6 the 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO B After 1 death 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: A hours after de liem 28 is 00 8 Could not be COMPLETED 4 | Homicide 29e. CERTIFIER

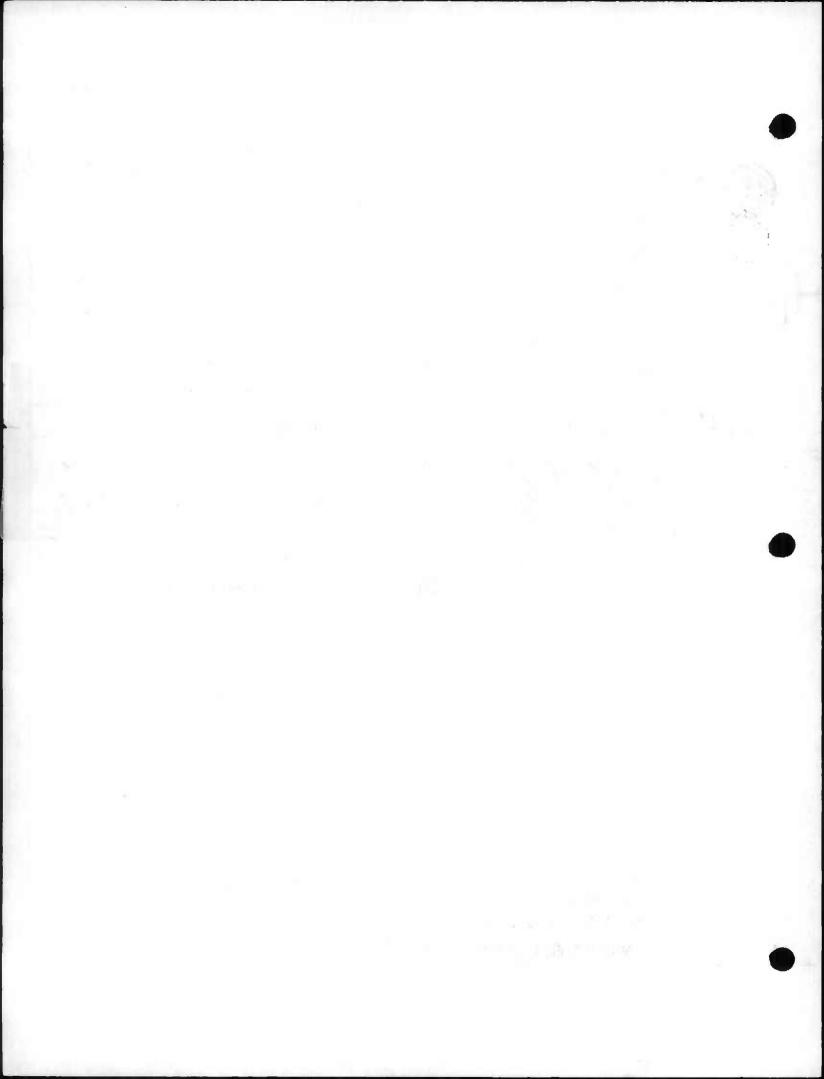
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 ho 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end piece, and due to the cause(e) and manner as stated, 29d. DATE SIGNED (Month, Day, Year)

3-3-93 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 E OF DEATH (ITEM 27) (Type, Print)

7610 Carroll Avenue

32. AGISTRAHIP SIGNATURE ANGLESCO

Takoma Park. MD 20912



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burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

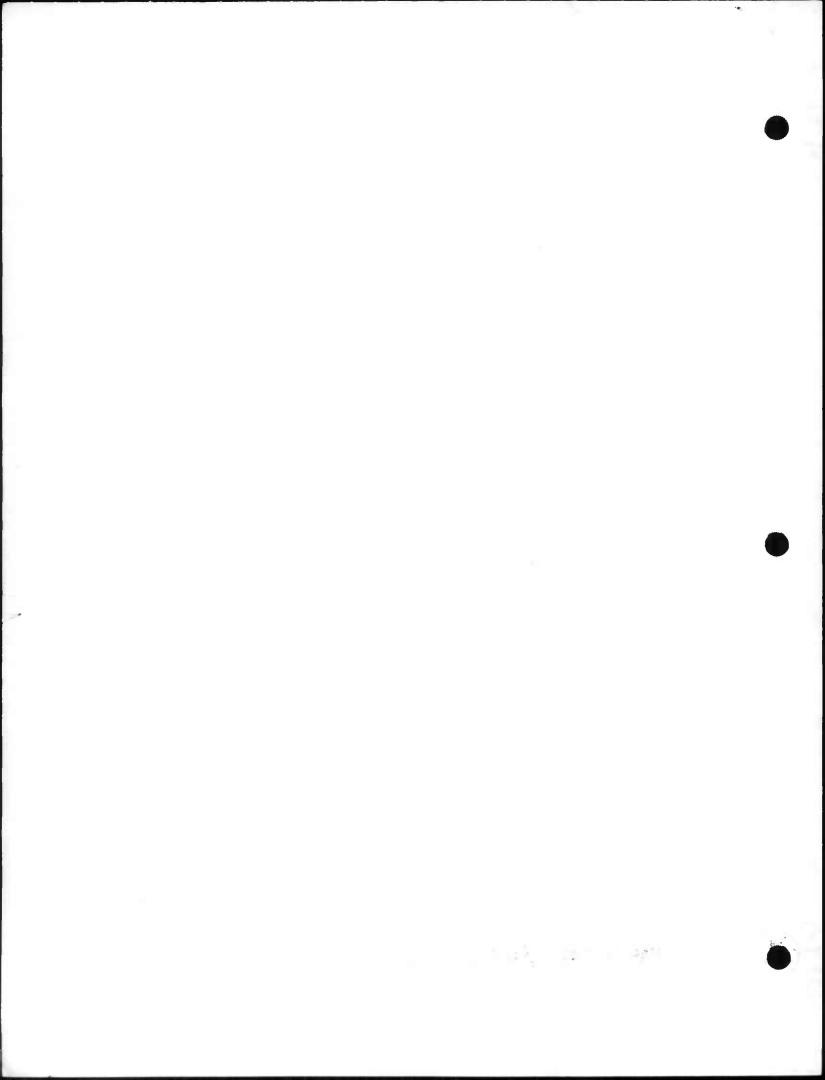
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		d at once.
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th. Page 6 m	neral director,		miner mus
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OR ATTENDIN	JIRECTOR: After	ours after dea	ет 28 ls п
E HOSPITAL (E FUNERAL C	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TD TH	10 TH	pe file	IMPO

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 07275 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN U3 14 SMITH ARMENTROUT 11:22 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 4 22 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 | F 236-30-4119 WEST VIRGINIA 1920 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR A.A. COUNTY NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD ANNE ARUNDEL SEVERN 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8509 BRAUNS AVENUE 21054 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done ife. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) NONE CONSTRUCTION RELIABLE CONTRACTORS 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) JAMES S. ARMENTROUT BE EFFIE HUFFMAN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LINDA HAYNES 12365 PURCELL ROAD MANASSAS, VA 22111 20e. METHOD OF DISPOSITION
1 Street Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other place) OLD STONE

PRESBYTERIAN CHURCH CEMETERY 3/19 LEWISBURG, WEST VIRGINIA 1 M Buriel 2 Cremetion 3 L 4 Donation 5 Nother (Specify) 21. SIGNATURE OF FUNETIAL SERVICE SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Entar the diseases, or complications that caused the deeth. Do not enter tha mode of dying, such as cerdiec or reapiratory arrest, Approximate ahock, or heert feliure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death DUE TO (OR AS A CONSEQUENCE OF resulting in death) 0000 CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? - 0 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER?
1 YES 2 NO HOSPITAL OTHER:
4 | Nursing Name 5 | Residence 6 | Other (Specify) ent 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Netural BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, straet, factory, office 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Cr

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 ROBERT B. KROOPNICK, M.D./95 AQUAHART ROAD #203/GLEN BURNIE, MD. 21061 32 REGISTRAR'S SIGNATURE
Frie Sevidon-Ringless 31. DATE FILED (Month, Day, Year) MAR 18 1993



YEAR

3. TIME OF DEATH

21225

Approximata

interval Between Onset and Death

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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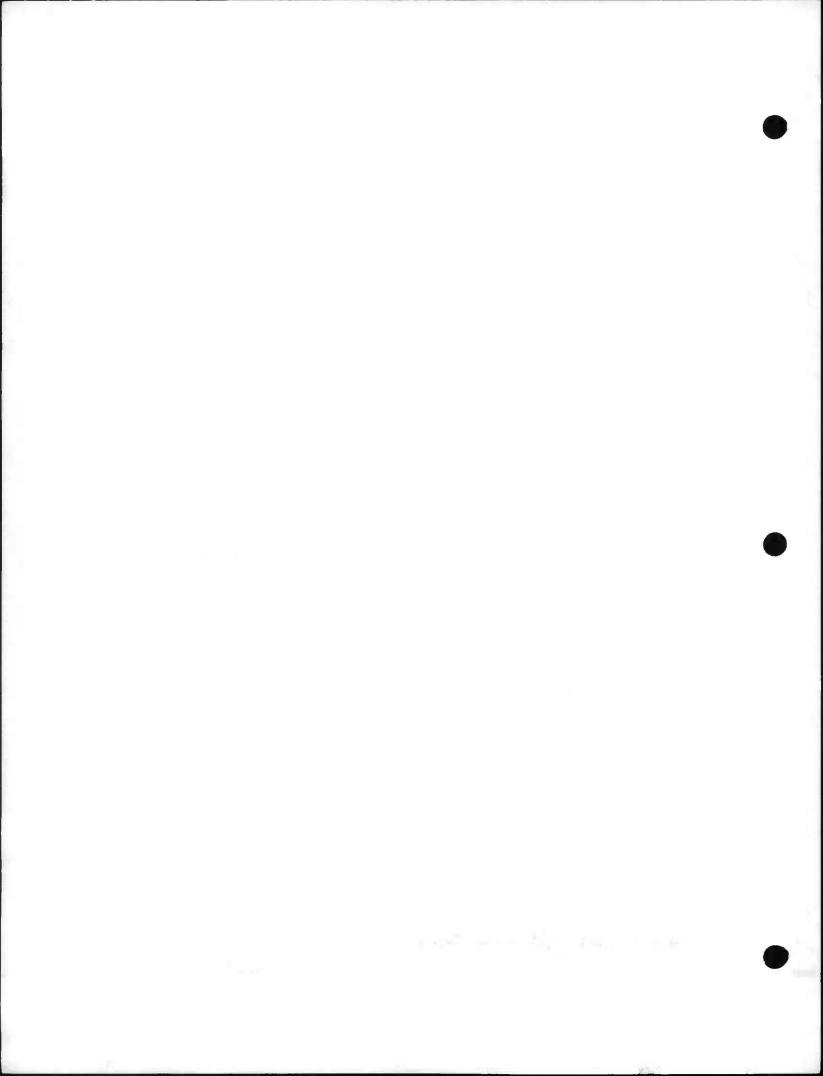
03 1993 4. SOCIAL SECURITY NUMBER S. SEX 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 220 05 5673 1 M 2 - F 05/21/1920 Virginia Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Harbor Hospital Center Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Glen Burnie 1 - YES 2 NO hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. 10a STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1629 Furnace Drive 21060 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yee, specify Cuben, Mexicen, Puerto Rican, stc.)

1 □ YES 2 ☑ NO Specify: WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: BY 3 Widowed 4 Divorced World War White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY most of working entary/Secondary (0-12) College (1-4 or 5+) 12th Grade Painter B.W.I. Airport once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) notified at David Aliff Lula Witt BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Doris Aliff 1629 Furnace Drive Glen Burnie, Maryland 21060 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must cemetery, crematory or other place) Glen Haven Memorial Park Donation 5 C Other (Specify) 3/20 Glen Burnie, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. completely filled in by the rial, cremation, or removal. Baltimore, Md. incations that caused the daeth. Do not antar the moda of dying, such as cardiac or reapiratory strast, 23. PART i. Enter the diseases, or con shock, or heart fellute. List only one cause on each line. **IMMEDIATE CAUSE (Final** the executed within 24 disease or condition traumatic event. resulting in death) en signed by the attending physician and com of Health and Mental Hygiene prior to burlal, CERTIFICATION Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be or other DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO 1 YES 2 NO this certificate has been with the State Dept. of I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem EXAMINER? HOSPITAL: OTHER: patient 2 - ER/Outpatient 3 - DOA 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending BY 1 YES 2 NO THE FLAREAL DIRECTOR: After the life with 72 hours after death MPORTANT: If Item 28 is mar 2 Accident 26a. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated 2 🗌 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 五五百 BE 29d. DATE SIGNED (Month, Day, Year) nadi MID 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) arlos Centes 31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1993 whie Devida

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.
	8	1. DECEDENT'S NAME (First, Middle, Lest) She'lla M. Alston 2. DATE OF DEATH MONTH PAY 15 1943 8:30 P
	1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) F UNDER 1 YEAR F UNDER 24 HRS. T. DATE OF BIRTH (Might), Day, Wear) 1 M 2 F 35 YRS. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN. MONTHS DAYS MIN. M
020 physician. burial-transit permit. Pages 1, 2, 3 should	ron	98. FACILITY NAME (If not institution, give stripet and number) 1. Derty Medical Center Bath Bath
. Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 VES 2 NO
sit permit	FUNERAL	10a. STREET AND NUMBER 10d. STREET AND NUMBER 10d. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2-12-15 10g. CITIZEN OF WHAT COUNTRY?
21215-0020 or attending physician. or use as the burial-tran	BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify: Specify: Black
2 E	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use retired.)
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
E, MARYL y be retained by page 5 should be	70	196/INFORMANT'S NAME (RODEFFINE) 196. MAILING ADDRESS (Street and Number or Plural Powle Number, City or Town, State, Zip Code) 194. HIE ALSTON 3412 COPIEUR Rd Balto, Rd 21215
MORE ge 6 may irector. pa		20e. METHOD OF DISPOSITION 1 V Burdal 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Cemejory, crematory or other place) 20b. PLACE AND DATE OF DATE
BALTIMOR er death. Page 6 ma the funeral director. p val.		21. SIGNATURE OF FIGURE LICENSES 22. NAME AND ADDRESS OF FACILITY MANUAL F. H. West Washash Ave
hours at hours at or remo		23. PART I. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF):
DOX 68760, Tificate be executed with g physician and completiene prior to burial, creating the traumatic events.	IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events CAUSE (Disease or injury that initiated events
G # P	that the death certificate be executed within 24 hours at ed by the attending physician and completely filled in by h and Mental Hygiene prior to burial, cremation, or remnany injury, or other traumatic event, the medic	resulting In death) LAST
y and y	MEDICA	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Acquired Immunodefiency Syndrome 24a. WAS AN AUTOPSY PREFORMEDY 1 YES 2 IN NO 24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 IN NO
VISION OF VITAL INTERNOING PHYSICIAN: The law SCHOR: After this certificate has b is after death with the State Dept. 28 is marked, or flem 23	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
OF VI PHYSICIAN: this certific with the Si	HYS	1 VES 2 NO 1 I Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 288. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
ON OF IDING PHYS After this of death with	ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is man	ETED	3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT; If	BE	296. SIGNATURE AND TITLE OF CERTIFIER LOGGE C. Wills III M.D., 29c. LICENSE NUMBER D41365 PMar 15, 1993
	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GEORGE E. WICKS III M.D. Liberty Medical Center
		"MAR" 18" 1993 July 18 18 18 18 18 18 18 18 18 18 18 18 18



REG. NO.

			REGISTRAN			CERTIF	ICAI	E UF	DEAL	п		REG. NO.			
		2	1. DECEDENT'S NAME (First, Middle, Last)							2	DATE OF	DEATH			3. TIME OF DEATH
		1	ELSA DORT	HEA BYER							3	16		93	1.45
		H	4. SOCIAL SECURITY NUMBER	7	6. AGE (In yr	s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS 7	DATE OF)		1:45 p
		Н	220 12 0203	1 M 2 F	_	YRS.	MONTHS		HOURS	MIN.	(Month, D	ay, Year)		Countr	γ)
	욬		220 12 9293	_ A	67	1110.						5 19:	26	Mai	ryland
	3 should	<u></u>	9a. FACILITY NAME (If not institution, give a				9b. CIT	Y, TOWN O	R LOCATIO	N OF DEAT	Н		9c. COUN	TY OF D	EATH
	6,	6	Meridian-Cromwel	.1			To	wson	,				D a	1 4 4	
	£.	DIRECTOR	RESIDENCE OF DECEDENT					7 11 5011					Ва	ltim	ore
	des	쀭	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	20	ᅙ	Maryland Bal	timore		Bay	nes	ville	е						LIMITS?
	Ē	ابا	10e. STREET AND NUMBER	-			_	101	. ZIP CODE				10a CITI	TEN OF N	WHAT COUNTRY?
	physician. burial-transit permit. Pages 1,	FUNERAL	0710 F D1]							
	an. rrans	岁	8710 Emgee Road						2123					S.A.	•
20	ysici rial-1	교	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S	S. ARMED	13	WAS DEC	ENDENT OF	F HISPANIC I, Maxican, F	ORIGIN?	Specify Yea	or No	14. RACE	— American Indian, c, White, etc.
9	P 2	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA					2 NO		Darto Mica	11, 410.)		Specif	
5-0020	anding as the		3 Wildwed 4 Divorced											Whi	te
21	use a	0	15. DECEDENT'S EDU (Specify only highest grade	CATION	164	. DECEDENT'S	USUAL (OCCUPATIO)N		16b. KI	ND OF BUS	INESS/IND		
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Z	he hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		1. (CIETIC	11	_	40 400000			ate		ryla	ina
7	be de		The state of the s						18. MOTH	ER'S NAME	(First, Midd	lle, Maiden S	Surname)		
~	4 6 G	BE	Percy Byer						Εv				Unkn		
MARYLAND	5 should notified	0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	SS (Street a	nd Number o	or Rural Rout	e Number,	City or Town	, State, Zip	Code)	32233
≥	30 a 5 a	F	Jeanne M. Burke			4208 1	77 00	+ T.21	ndina	D1376	7	+1 201	tia P	on al	ı, Fla.
Щ	ay be	ļ	20a. METHOD OF DISPOSITION		20h Pl /	ACE AND DATE				BLVC	DATE		CATION — (
OH	ector, p		1 Donation 5 Other (Specify)	oval from State	cemeter	y, crematory or o	ther placa	1)		i					
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BALTIMORE,	ter death. Page 6 m the funeral director, wal.		Jouglas C.	Mengo	uc	-		1050	Yowk	on Fu	mera	T HOI	me, 1	nc.	4
0	24 hours after death. Page 6 may be retained by the hospital or attanding physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran lon, or removal. Ne medical examiner must be notified at once.		23. PART I. Enter the diseases, or o				ot coto	1030	1017	Rd.	TOWS	OII, I	Ma. 2	T204	
	ours after d in by th or remove		shock, or heart failure.	List only one caus	e Dn aach	ilna.	ior elife	r the mor	de or dylr	ig, auch a	a cerdiac	or respir	atory arro	st,	Approximata Interval Between
	24 hours / filled in tion, or re the med	1	IMMEDIATE CAUSE (Finel												Onset and Dea
			disease or condition		YMM.	1									Z Porer
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9)	be execut sician and c rior to buri traumatic	CERTIFICATION	Sequentially list conditions,	DUE TO (C	OR AS A COL	NSEQUENCE OF):	CDACE	. ,						11/10
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m	physicate pre	유	CAUSE (Disease or Injury) NSEQUENCE OF									
o		Ē	that initiated events resulting in death) LAST	502 10 (0	n as a coi	NSECUENCE OF	-):								
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ORDS,	the death the atte d Mental injury, c		PART II. Other significent condition	a contribution to d	andh but a	et seculties i	- 44	- 41-1							1
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Ö	that the an	8 1	De cust								. 1	YES 2			COMPLETION OF CAUSE
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RE	required show	Σ									-				1 YES 2 NO
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-	cate h State	ਹ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Check	only one)				
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OF	d th	ΞI	27. MANNER OF DEATH	28a. DATE OF II		28b. TIM	E OF	28c. INJU	JRY AT	26	d. DESCRI	BE HOW IN	JURY OCC	URED	
0	ter this cast with marked,		1 Natural 5 Pending	(Month, Day	rear)	INJ	URY	1 V	RK? ES 2	NO					
0	After death	<u>a</u>	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF	INJURY	t home form i	denat day				4 1 000 1	N. 10			
S	ATTENDING ECTOR: After s after death 1 28 is ma		4 Homicide B Could not be	building, at	c. (Specify)			, umce	•	28	City or To	own, State)	nu Number (я murai A	loute Number,
DIVISION	OR ALTEN DIRECTOR: hours after Item 28 Is	L .													
0	DIRECT HOURS	ᆲ	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge	, death occurre	d at the	time, date	and place,	and due to t	he cause(a) and mans	ner ee state	d.	
	UNERAL ITHIN 72 ANT: II	COMI													and manner as stated.
	FUNERAL WITHIN 72	8													
	to talk and the	141	296. SIGNATURE AND TITLE OF CERTIFIER	5 H					29c LICEN	USE NUMBER	D .		204 DATE	CICNED	(Month Cor. Mont

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Union Memorial Hospital

Dr. Simon Scalia

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

93 07278

Approximata Interval Between Onset and Death Z Days

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

3.17.83

N24276

TO BE COMPLETED BY FUNERAL DIRECTOR

3146 ing physi the burla	BY FI	1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	FORCES? 1
D3- trend e as		15. DECEDENT'S EDU	CATION
212(pital or a	PLET	(Specify only highest grade Elementary/Secondery (0-12) 12years	College (1-4 or 5
LAND by the host be detache at once.	TO BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Wasyl Bulawk	a
MARY e retained to 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Bohdan Bulaw	ka
ORE, s 6 may be ector, page		20a, METHOD OF DISPOSITION 1) (Surfel 2 Cremellon 3 Rem 4 Donation 5 Other (Specify)	oval from State
RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 v requires that the death certificate be executed within Lours after death. Page 6 may be retained by the hospital or attending physished by the attending physician and completely filled in by the timeral director, page 5 should be detached for use as the burial and Mental Hygiene prior to burial, cremation, or removal.		21. SIGNATURE OF FUNERAL SERVICE LIC	a Se
ins after remover remove the section of the section		23. PART I. Enter the diseases, or a shock, or heart failure.	
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ithin ithin ematic		disease or condition resulting in death)	a. DUE TO
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L RECORDS, P.O. BOX 13146, e law requires that the death certificate be executed within Lours after has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiere prior to burial, cremation, or removal 23 shows any injury, or other traumatic event, the medical	TIOIT	Sequentially list conditions, if any, leading to immediate	DUE TO
BO) icate b physici e prio	-ICA	Cause. Entar UNDERLYING CAUSE (Disease or Injury	cOUE TO
O. certiff I certiff I hygien	RTI	that initiated events resulting in death) LAST	d
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L RECORDS, F law requires that the deal as been signed by the attached to the first open, of Health and Merna 23 shows any injury,	MED	Conces	ind x
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OF VITAL PHYSICIAN: The law this certificate has with the State Dep	BY PHYSICIAN: MEDICAL CERTIFICATION	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:
OF VITA PHYSICIAN: The this certificate I with the State	HYS	27. MANNEB OF DEATH	1 Inpatient 2
IN OF ING PHYSI after this c eath with	71	1 Natural 5 Pending 2 Accident Investigation	(Month,
DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIRECTIVE After this certificate has been signed by the attending physician and compile hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cretiem 28 is marked, or item 23 shows any injury, or other traumatic even	TED E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE building
DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FINNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely, within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. The state of the property of the property of them 28 is marked, or them 23 shows any Injury, or other traumatic event, the property of the property o	COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of
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(A)		30. NAME AND ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF PERSON WITH A CHARACTER STATE OF THE ADDRESS OF THE AD	SAS C
		31. DATE FILED (Month, Day, Year)	32. REGISTR
		MAK 1 8 1993	Tina Davi
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REGISTRAR				-1111111	OAIL	IF DEAL	* *	REG. NO.				
1. DECEDENT'S NAME (First,	4	Bul	awko		Le Bu	lawka)	2. DATE OF DEATH DATE OF OFFI		YEAR 3. T	IME OF DEATH	
4. SOCIAL SECURITY NUMBER 216-30-92		5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-26-		Country)	E(State or Foreign	
90. FACILITY NAME (If not ins			11		9b. CITY, TOV	WN OR LOCATIO	N OF DE			TY OF DEATH		
Greater La		Nursin	д ноте						HUW	aru		
Maryland	10b. COUNTY	oward			town or Le						INSIDE CITY LIMITS?	
10e. STREET AND NUMBER					7014	10f. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?	
	6129 E nounter Row United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE — American Indian,											
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, giVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, apecity Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — Americen Indien, Black, White, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, apecity Cuben, Mexicen, Puerto Rican, etc.) 16. RACE — Americen Indien, Black, White, etc. 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, apecity Cuben, Mexicen, Puerto Rican, etc.)												
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17. FATHER'S NAME (First, Mi Wasyl Bu	ulawk	a				18. MOTH JU	ier's na 11a	ME (First, Middle, Meiden Olyfiro	Sumeme) V Y C N			
Bohdan E	Bulaw	ka	19	P.O.	BOX	12,	or Aurei Je	SSUP, MD	n, State, Zip 2079	Code) 9 4		
20s, METHOD OF DISPOSITI 1 Duriel 2 Cremello 4 Donation 5 Other		oval from Stale			ews C		ry	3/11 S.	Bour		ook,NJ	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, INc. Funeral Home 1901 Eastern Ave. Balto., MD 21231												
disease or condition resulting in death) Sequentisity list condit if any, leading to immecause. Enter UNDERLY!	s. DUE TU (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										Onset and Death	
PART II. Other signifigant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Course												
27. MANNEB OF DEATH	201/201	26a, DATE O	ER/Outpatient FINJURY Day, Year)	28b. TIM		INJURY AT WORK?		6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCC	CURED		
2 Accident	Pending Investigation	26e, PLACE	OF INJURY — AI h	ome, farm, a		Office	NO	261, LOCATION (Street	and Number	or Rural Route	Number.	
	Could not be determined		, etc. (Specify)	,	,			City or Town, State,			,	
one)								e to the cause(a) and me e time, date end place, e			d menner ee stated.	
29b. SIGNATURE AND TITLE	OF CENTIFIE	1/2				29c LIC	ENSE NU	MBER 97	29d. DATI	E SIGNED (Mo	nth, Day, Year)	
30. NAME AND ADDRESS O	30. NAME AND A OORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LUIS A CASAS 8517 CHEMPY CA LAUREL MD Z0707											
31. DATE FILED (MONTH, Day, MAR 18 19	16er) 993	32. REGISTE	AR'S SIGNATURE	00/C	,,,,,,	101		011-1100		200		
		6									OHMH-16 Rev 1/89	

SOFT PERSONAL PROPERTY.

DHMH-16 Rev 1/89

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

funeral director,

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filled in by t

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	100	7.5
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flour	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
	<u>-</u>	一道

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Carrie L. Booker 2. DATE OF DEATH 3. TIME OF DEATH arrie 03-08 200 121 4. SOCIAL SECURITY NUMBER 5. SFX \$. AGE (In we wat birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 6 94 52 - 77231898 Vinginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bon Secour Hospital Baltimore 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore TYPES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1955 W. Mulberry Street 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 TES 2 NO Specify: 3X Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) at Cornelius Wood BE Ellen Brown notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 21223 Edith Booker W. Mulberry Street Baltimore, Md Pe 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State must 20b. PLACE AND DATE OF DISPOSITION (Name of 3/12/93 20c. LOCATION -- City or Town, State 4 Donation 5 Other (Specify) King Memorial Park Randallstown, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 638 N. Gilmor St. Den Leroy Harris F/H Baltimore, Md 21217 medicai 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death the diseese or condition recuiting in deeth) traumatic event, CERTIFICATION Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING de other CAUSE (Disease or injury that initieted events DUE TO (OF AS A CONSEQUENCE OF): resulting in death) LAST 6 Injury, PARTNI Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any 1 YES 2 NO DF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specily) 1 YES 2 NO 1 Dempatient 2 ER/Outpatient 3 DOA 6 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) S 3 Sulcida 6 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 28 Item 2 COMPLET 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 288. SICHATURE AND TITLE OF CHE BE 29d. DATE SIGNED (Month, Day, Year) 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MANE AND ADDRESS OF PERSON 8 1993

proposition of the 18 and

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phys be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene p	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other

1. DECEDENT'S NAME (First, M	liddle, Lest)							2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEAT	Ή
Bernard	Bron	nn	BERN	ARD A	A. BI	ROWN		- HOW III	3	15	93	12:22	P
4. SOCIAL SECURITY NUMBER		5. SEX		s. lest birthday)	MONTHS	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		6. BIRTH Counti	IPLACE (State or Forty)	reign
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9a. FACILITY NAME (If not instit BALTIMORE	VETE	RANS CI	ENTER		9b. CITY	Y, TOWN O	R LOCATION OF I	DEATH		9c. COUN	TY OF D	EATH	
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10a. STATE 1	Ob. COUNTY			10c. CI	ITY, TOWN	OR LOCATI	ION					10d. INSIDE CITY	
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IRENE TANK							nd Number or Rura		-			21213	
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requires that	en sign	of Hea

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, HER MAN		. BA	HLE	1					2. DATE OF D	DEATH DA	× 1	992	3. MI OF DEATH 125 DIM
	4. SOCIAL SECURITY NUMB			6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH		8. BIRTH	PLACE (State or Foreign
	577-22-1		1 M 2 □ F	89	YRS.		1000	- (5/11.0)		Honth, Day	8-10	702		
œ	90. FACILITY NAME (If not in GROSVENOR HE			ZD.					ON OF DE	ATH			NTY OF D	
DIRECTOR	RESIDENCE OF DEC		ARE CENTI	2K		Bet	hes	ia				P	lontg	omery
EC	10e. STATE	10b. COUNTY	1	·	10c. CIT	Y, TOWN C	OR LOCAT	TION						10d, INSIDE CITY
	DC	DC LIMITS?							LIMITS?					
AL	10e. STREET AND NUMBER						101	. ZIP COD				10g. CIT		HAT COUNTRY?
FUNERAL		322 14th St NW #519 20010 USA												
<u> </u>	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT FORCES? 1	YES 2	ARMED NO		If yes, sp	ecify Cubs	n, Mexican	IC ORIGIN? (Sp , Puerto Ricen	ecify Yes	or No	14. RACE Black	— American Indian, , White, etc.
B	3 Widowed 4 Divo	and the second second	IF YES, GIVE WA	R OR DATES			1 TYES	2 XNO	Specify:				Bia	
8	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON .		16b. KINI	D OF BUS	INESS/INC	DUSTRY	
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COMPLETED	12 Yrs		None		Ва	erber								
	17. FATHER'S NAME (First, M. James	iddle, Last) Baile						18. MOT		ME (First, Middle rence		.,		
BE	19a. INFORMANT'S NAME (7)		: y		40		United States							
٩	Marion Smi	th							DC 2	20002	ity or Town	n, Statu, Zip	Code)	
	20e. METHOD OF DISPOSITI 1 Burial 2 Cremetio 4 Donation 6 Other	n 3 🗆 Rame	oval from Stata		Ony Me				3/1	8/93			City or Too	
3	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE .	,		22.	NAME A	D ADDRE	SS OF FAC	John Your	тв	Phine	e Co	., Inc.
×	Juan	n S.	mil				303	30 12	2th S	t NE,	DC 2	20019)	·, inc.
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert tallure.	s. Due to n	e on eech i	ine.									Approximate interval Between Onset and Death
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	000									_ ' '	YES 2	NO		OF DEATH? 1 YES 2 NO
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CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			071155		ACE OF D	EATH (Che	ck only one)				
PHYSICIAN:	1 TYES 2 NO		1 Inpatient 2 I	-1000	3 🗆 DOA	OTHER 4 Nun		• 5 □ Re	sidenca (Other (Spe	cify)			
ВУ РН		Pending Investigation	26a. DATE OF II (Month, Day		26b. TIM INJ	E OF URY M		URY AT RK? 'ES 2	ON	26d. DESCRIB	E HOW IN	JURY OC	CURED	
	3 Suicide 8 0	Could not be determined	26s. PLACE OF building, e	INJURY — At tc. (Specify)	home, farm, s	street, fect	ory, offic			281. LOCATION City or Tox	(Street at vn, State)	nd Number	or Runel Ro	oute Number,
COMPLETED			CIAN: To the best of n											and manner as stated.
BE CC	296 SIGNAPLINE AND TITLE		A .	11	70.	5	5		NSE NUM		7			(Month, Day, Year)
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North Robert Stein Fred

S. SAM

BALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be retained by the hospital or FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEAT	TN DAY	YEAR	. TIME OF DEATN
)HN	J.	CA	VF I	ELD		March 1		TEAR	8.201
		4. SOCIAL SECURITY NUMBER		5. SEX		rrs. last birthday)	IF UNDER	YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTI (Month, Day, Ye	ar)	8. BIRTHPI Country)	LACE (State or Foreign
page		048-07-9463		· -	<u>77</u>	YRS.					June 2.			rbury Conn
2, 3 should	DIRECTOR	601 Maider	Choic						or location SVIII		ATH		nty of DEA	
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5 should notified	0 8	190. INFORMANT'S NAME (1						Street a			oute Number, City o		Code)	crarrey
e 5 s	٢	Rev. Jerry	Brown,S	S.S.			Rola				ltimore,		210	
ector, page must be		20e. METHOD OF DISPOSITI		val from State		ACE AND DATE		ION /No	eme of			c. LOCATION -	City or Town	ı, State
directic		4 Donation 5 D Other	(Specify)		-	Sulp	ician				23/93	Catons	ville	, MD
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n by the removal.		22 PART I STAND OF	- Hai	wood y	7		Le	ona	ard J	. Ru	ck,inc.	5305	Harfo	rd Rd.
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50		cause. Enter UNDERLYI CAUSE (Disease or inju		DUE TO	IOR AS A CO	ONSEQUENCE D	D.							
by the attending phy and Mental Hygiene IY Injury, or other	CERTIFI	that initiated eventa resulting in death) LAS	т .	502 10	(OII AS A CC	MSECUENCE D	r):							
ental			d.											+
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peen sign of Heal	Σ		cere	vella	~2.	age	ne	20	are	011	-01		1	YES 2 NO
has b Dept	AN	25. WAS CASE REFERRED TO	MEDICAL					20 01	ACE OF DE	ATU /Cha	ot esty see)			
State State	SICIAN:	EXAMINER?		HOSPITAL:	ER/Outnetie	ent 3 🗆 DOA	OTHER:				Other (Specify)			
th the	PHY	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIW	E OF	Sc. INJ	URY AT	sidelice (28d. DESCRIBE H		URED	
fter this ceath with marked,	BY F		Pending nvestigation	(MORIT, D	ay, rour)	IN.	URY M		RK? YES 2 _	NO				
AR: Aft ter de	ED		Could not be	28a. PLACE O building,	F INJURY — atc. (Specify)	At home, farm,	street, factor	y, office			28t, LOCATION (St City or Town, S	reet and Number State)	or Rural Rou	te Number,
DIRECTOR hours afte item 28														
그 오 노	COMPL			IAN: To the best of										
TO THE FUNERA De filed within 7 IMPORTANT:	8		-	On this beatin of at	camination er	id/or investigation	n, in my op	nion, d	eath occurs	d at the t	ime, date end plac	e, and due to th	e cause(e) e	nd manner ee stated.
POR FEE	BE	29b. SIGNATURE AND TITLE	OF CERTIFIEN	upa	rac	- M	1		29c. LICE			29d. DAT	SIGNED (M	fonth, Day, Year)
은 골 폴	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	Print)		D	116	77	13	-//	73
		Samband	am Bask	karan, M		3455 W		ςΔ	VP					
		31. DATE FILED (Month, Day, MAR 18	(bar)	32 REGISTRA	R'S SIGNATU	IRE .	TIVELL	3 A	v C .					
l		MAK 18	1993	32 REGISTRA	widow	Phylane.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		Page
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020	aw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
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- RECORDS, P.O. BOX 68760,	requi	s ue
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COX SARAH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 237 30-438 1 M 2 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION more FUNERAL 101. ZIP CODE 2/2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEOENT EVER IN U.S. ARE FORCES? 1 YES 2 HID 11. MARITAL STATUS 2 Married If yes, specify Cuban, Maxican, Puerto R

1 YES 2 NO Specify: 1 Never Married YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life, Dg NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comp tomemaker Elementary/Secondary (0-12) College (1-4 or 5+) be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Majden Surname) BE 19b. MAILING ADDRESS (St 2 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Re-20b. PLACE AND DATE OF DISPOSITION (Na must emetery crematory or other p 4 Donation 8 Other (Specify) item 23 shows any injury, or other traumatic event, the medical examiner NE OF FUNERAL SERVICE LICENSES cremation, or removal. I. Enter the diseases, or complications that caused the death. Do not enter the shock, of heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition_ provas Cular resulting in death) of Health and Mental Hygiene prior to burial, DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. MEDICAL PHYSICIAN: certificate has be the State Dept. DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL HOSPITAL DR ATTENDING PHYSICIAN: The 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: tient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Oth is marked, or the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT After this co 1 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) TO THE FUNERAL OTHECTOR. AND BE filed within 72 bodys after de IMPORTANT: IT ROM 28 IS 3 Suicide COMPLETED 8 Covid not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as

93 07284 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH MARCH 11, 04 1993 YEAR 11:20A 9c. COUNTY OF DEATH BALTIMORE CITY 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. 16b. KIND OF BUSINESS/INDUSTRY

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximata

Interval Bety

Onset and Death

1 YES 2 NO

er (Specify)				
SCRIBE HOW	INJURY O	CCURE	D	

2. DATE OF DEATH

7. DATE OF BIRTH

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24a, WAS AN AUTOPSY 1 ☐ YES 2 ☐ NO

29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

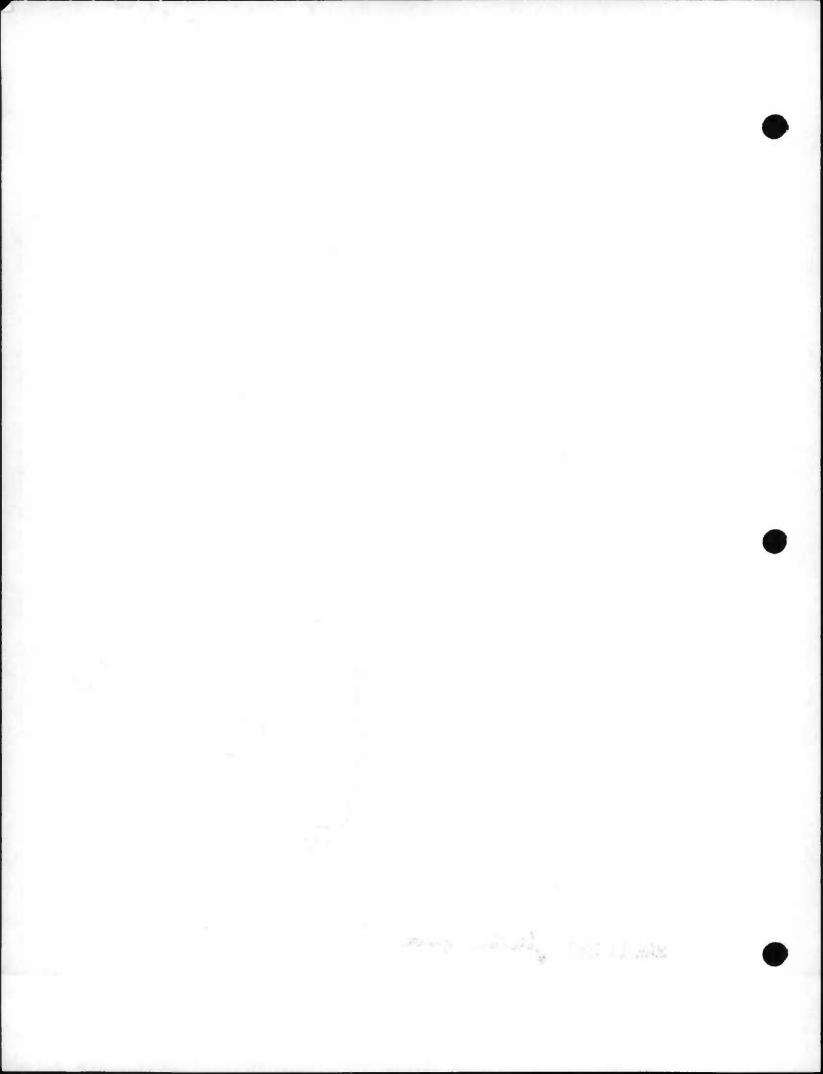
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31. DATE FILED (Month, Day, Year) 18 1993

29b. SIGNATURE AND TITLE OF CERTIFIER

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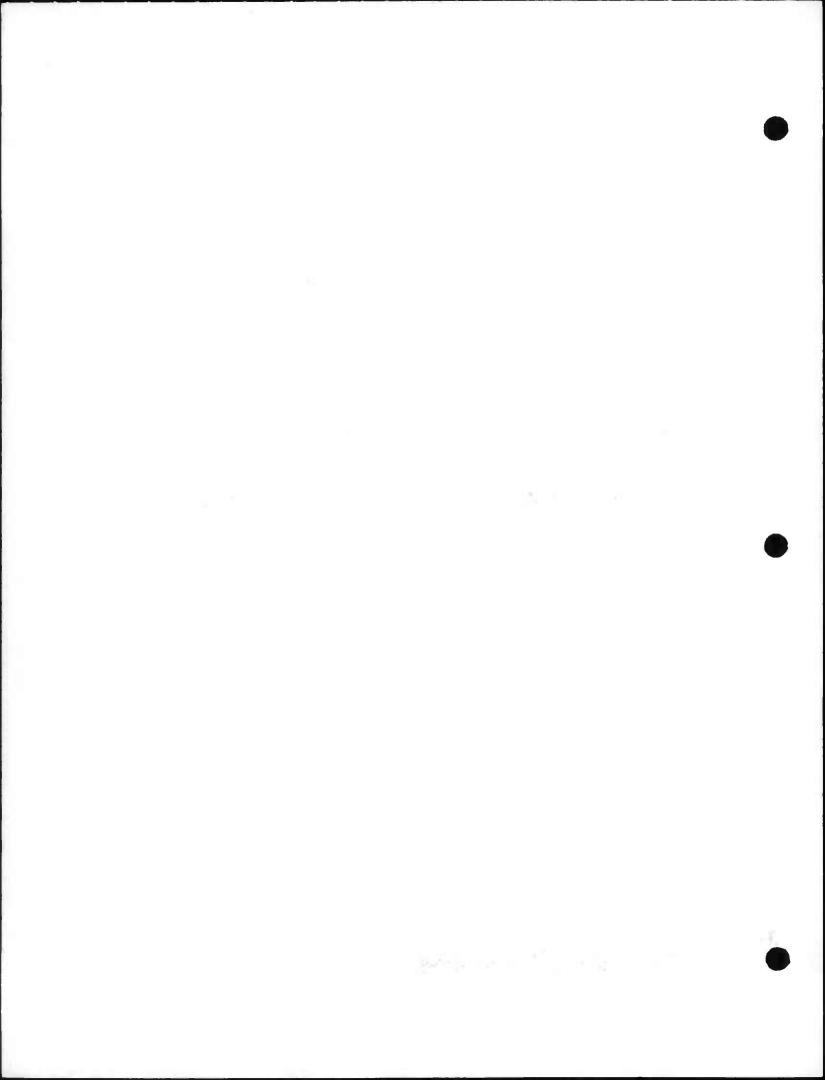
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)RDS, P.O. BOX 68760,	that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hi
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DIVISION OF VITAL RECO

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR (Ewhenia) EUGENTA CZORNIAK 3 93 :30 7 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗌 M 2 🖵 F 009-20-9901 85 YRS. 31 '07 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2406 F BALTIMORE ST BALTIMORE CITY 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Marylan Baltimore 1 🛛 YES 2 🗌 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2406 E. Baltimore St. 21224 u.s.a. ospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. D 21215-0020 1 Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 pr 5+) 12 years 4 years Teacher once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ã Nicholas Hawrylyk notified at BE Katrina Kolodij completely filled in by the funeral director, page 5 should ial, cremation, or removal, 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sushko Irene 2406 Baltimore St.Balto. MD 21224 å 20s. METHOD OF DISPOSITION
1 Solution 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must i Ukr.Cemetery Michae /18/93 Balto.Co or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Catherine 1901 Eastern Ave.Balto.MD 21231 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart feilure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): the attending physician and com Mental Hygiene prior to burial, CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST en signed by the PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? shows any 1 TYES 2 NO OF DEATH? HOSPITAL OR ATTENDING PHYSICIAN: The law requires 1 | YES 2 | NO DIRECTOR: After this certificate has been hours after death with the State Dept., of I INQUIRY PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED is marked, 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED TO THE HOSPITAL OR ATTENC TO THE FUNERAL DIRECTOR: be filed within 72 hours after of IMPORTANT: If Item 28 is 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 ____MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner as stated. 296 HOWATURE AND TITLE OF SERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE رق O.C.M.E. 03/16/1993 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) MARGARITA KORELL A M.D111 PENN ST. BALTIMORE, MD. 21201 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Devidson MAR 18 1993 DHMH-16 Rev 1/89

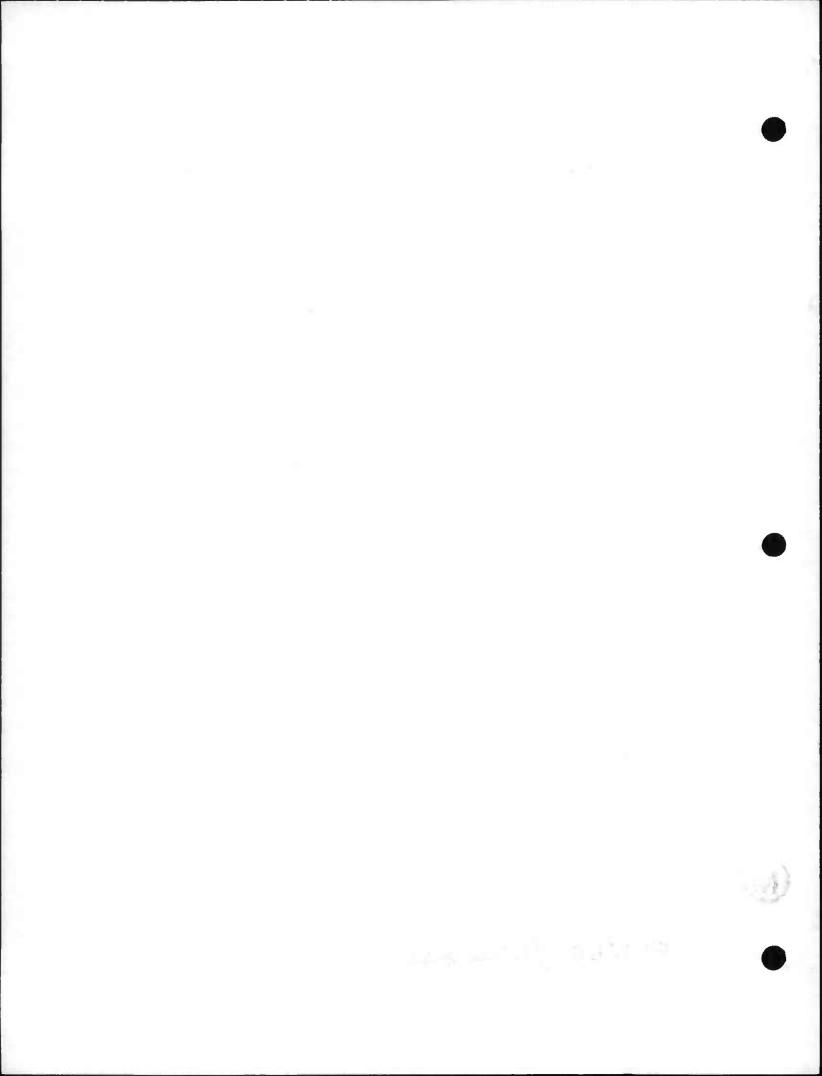
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	ď	To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH John A. Baumgartner BAUMGARTNER. JOHN 03 S. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 219 268674 1 € 2 □ F 52 18 Maryland
9c. COUNTY OF DEATH 9a. FACILITY NAME (# not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 3004 Lorena Avenue Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTMORE D 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3004 Lorena 212 30 USA. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cyben, Mexican, Puerto Rican, etc.)
 \(\subseteq \text{YES 2} \)
 NO Specify: FORCES? 1 \square YES 2 \square NO IF YES, GIVE WAR OR DATES 1961-19641 Never Married В White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade interv/Secondary (0-12) College (1-4 or 5+) 12th Grade Generator Attendant Potomac Air Gas 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Su DOR'S P. Mack John E. Baumgartner BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
3004 Lorena Avenue Raltimore, Mary 2 Anna Baumgartner Baltimore, Maryland 21230 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☑ Cremation 3 ☐ Res 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Metro Crematory, Inc. 4 Donation 8 Other (Specify) 3/16 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ 165 PIRATORY mas resulting in death) gnant 10 mas PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING bestosis exposura CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗌 Nurs 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be BE COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only one) MED CAL EXAMINER: On the b occured at the time, date and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND THE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year) D1387. 3 2 30, NAME AND ADD RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UMCC 2 1201

> 32. REGISTRAR'S SIGNATURE Devidson

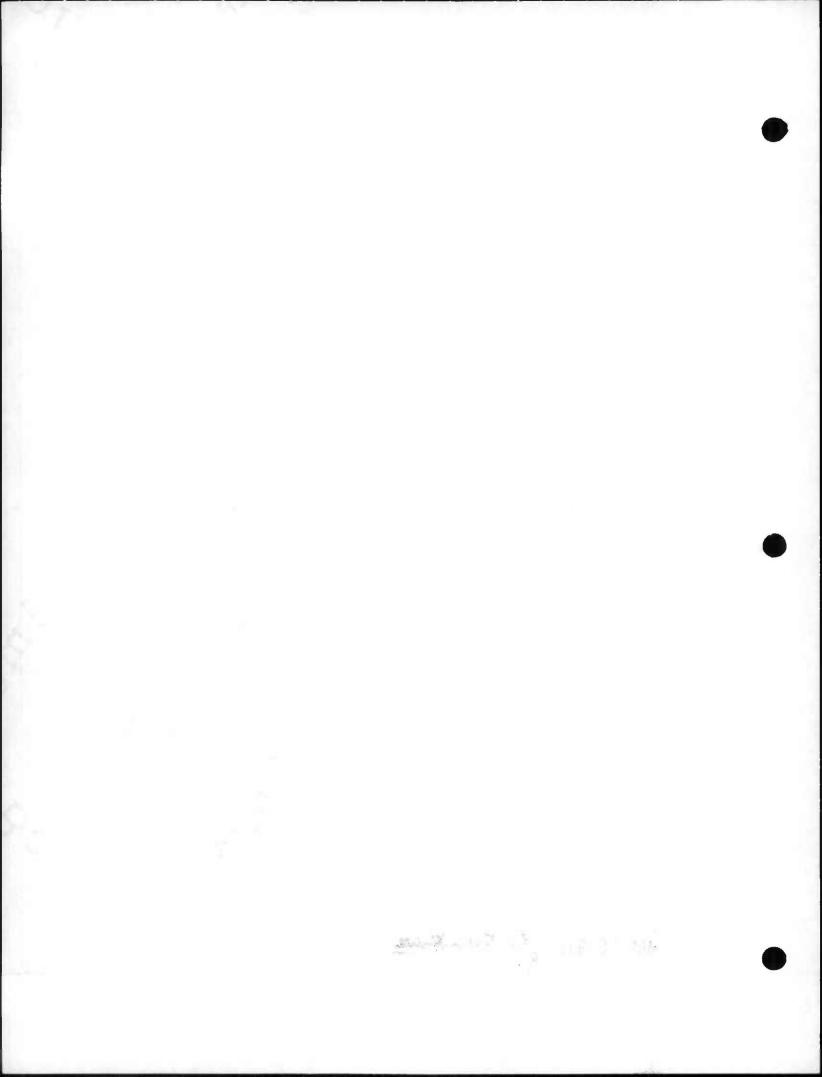


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BALTIMORE, MARYLAND 21215-0020	4YSIGAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ENOTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	ADCINE FUNERAL DIRECTOR: After this carificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)	John	Nicholas	Catanzaro		2. DATE OF DEMONTH	ATH DAY	YEAR 1993	3. T
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birt	thday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн	8. BIRTH	PLAC

	1. DECEDENT'S NAME (First, Middle, La		olas Ca	atanzaro	,			YEAR		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last							B. BIRTHPLACE (State or Foreign		
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	9e. FACILITY NAME (If not institution, gi	·			VN OR LOCATION OF DE			TY OF OEATN		
DIRECTOR	1/1 Dale Road	171 Dale Road Pasadena Anne Arundel								
E E	10e. STATE 10b. COU		10c.	CITY, TOWN OR LO	CATION		10d. INSIDE CITY LIMITS?			
		nne Arundel		Pasadena	10f. ZIP CODE			1 TES 2 1 NO		
RAI	100. STREET AND NUMBER 171 Dale Road				10g. CITIZEN OF WHAT COU					
FUNERAL	171 Date Noad	IN U.S. ARMED	13, WAS	21122 DECENDENT OF HISPAN	HC ORIGIN? (Specify Yes	S.A.				
BY F	1 Never Married 2 Married FORCES? 1 V YES 2 N			If yes	, specify Cuban, Mexical YES 2 NO Specify	n, Puerto Rican, etc.)	Black, White, etc. Specify:			
	15. DECEOENT'S E	World War		T'S USUAL OCCUP	247/041	16b. KIND OF BU	1	White		
COMPLETED	(Specify only highest gi Elementary/Secondary (0-12)	ade completed) College (1-4 or 5+)	(Give kind life. Do NO	of work done during T use retired.)	most of working	100. KIND OF BU	SINESS/INOU	SIRY		
MPL	6th Grade		Super	rvisor		Genera	al Mot	cors		
	17. FATHER'S NAME (First, Middle, Last)	Togorb Cata				ME (First, Middle, Maiden	Surname)			
B	19a. INFORMANT'S NAME (Type/Print)	Joseph Cata		INC ADDRESS (O	Max set and Number or Rural F	4				
2	Virginia Cata	nzaro		Dale Roa	3	adena, Mar				
	20e, METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 R	emovel from State	06. PLACE AND DA	TE OF DISPOSITION	//Name of	DATE 20c. LO	CATION — CI	ity or Town. State		
	4 Donation 5 Other (Specify)	Dulaney Valley Mem. Gardena3/19 Timonium, Mar						n, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home F						P.A.			
	23. PART I. Enter the diseases,	manus	uski					, Md. 21225		
	ahock, or heert fellu IMMEDIATE CAUSE (Final diseese or condition resulting in death)	re. List only one ceuse on	eech line.		y Diske		iratory arre	st, Approximate interval Between Onset and Death		
TION	Sequentially list conditions, if any, leeding to immediate	b DUE TO (OR AS	A CONSEQUENCE	E OF):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
	BADT II Other significant and	do a contribution and a start	ESS SES SES IN		70-c-20-c-20-0					
MEDICAL	PART II. Other significant conditions contributing to deeth but not re			ng in the under	ying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
Ē					1 U YES 2 (X)O		OF DEATH?			
	1 VES 2 ()(v)									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 FR/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
BY PI	27. MANNER OF DEATH 28a. DATE OF INJURY 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF 1 Sec. INJURY AT WORK? M 1 YES 2 NO							THEO		
							r or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the tima, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the lima, date and place, end due to the cause(e) and manner as stated.									
BE C	296. SIGNATURE AND TITLE OF CERTI	4			29c. LICENSE NUM		29d. DATE	SIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON	THUS L MY	EATH STEP CO.	Sens (fix)-ex	0366	559	3	117193		
	THE PROPERTY OF PERSON	JOHN LETED CAUSE OF L	CAIN (HER 2/) (/	ypo, runi)						
ĺ	31. DATE MAR 18 1993	File Division	enat de la company	2						



	1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICATE	OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIFTTH	93	199 p				
	218-60-5785 1×10-1 30	YRS. MONTHS	DAYS HOURS MIN.	7-30-53	3 Coun					
3 should	Sa. FACILITY NAME (If not institution, give street and number)	9b. CITY,	9c. COUNTY OF	COUNTY OF DEATH						
1, 2,	RESIDENCE OF DECEDENT		alto							
t. Pages	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR	LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
permit	10e. STREET AND NUMBER	04 (1	101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?						
physician. burial-transit perm	4820 Cordelia Ave 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED 13. W	AS DECENDENT OF HISPANI	C ORIGIN? (Specify Ves o	7 (Specify Yes or No.— 14. RACE — American Indian.					
ing of the by	1 Nover Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO II	yes, specify Cuben, Mexican. YES 2 NO Specify:		Black, White, etc. Specify: Black					
for u	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
retained by the hospital 5 should be detached for notified at once. TO BE COMPLE	17. FATHER'S NAME (First, Mickelle, Lest)		18. MOTHER'S NAM	E (First, Middle, Maiden Sc	umame)					
2 2 m	Roland Coker, or		Lucr	est V.	· Douglas					
9 9 0	Lester R. Dennis	4826 (Street and Number or Aural Au Didella	Ave B	State, Zip Code)	d 21215				
e 6 may rector, pa must t	20a_METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complex), crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of complex), crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of complex), crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of complex), crematory or other place)									
nours after death. Page 6 m ad in by the funeral director, or removal. medical examiner must	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harch F. H Wast 43.00 wabash Ave									
d in by the or removal medical	23. PART i. Enter the diseases, or complications that caused the shock, or heart failure. List only one ceuse on each i	death. Do not enter t line.	he mode of dying, such	as cardiac or respira	ntory arrest,	Approximate Interval Between				
the life of	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) A NOX i C. Encephelopathy a. A NOX i C. Encephelopathy									
2 0 a	disease or condition resulting in death) A NOXIC Encephelopathy Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of): Sequentially list conditions,									
certificate be ding physician lygiene prior trother traum	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
the d	PART ii. Other aignificent conditions contributing to death but no	ot resulting in the Und	erlying cause given in F	Part I. 24a. WAS AN AI PERFORM		b. WERE AUTOPSY FINDIN				
				1 [] YES 2 [1 _ YES 2 _ NO COMPLETION OF CAUS					
e law requires the has been signed the Dept. of Health a Dept. of Health a A S shows any AN: MEDIC				- To be p	erproced	1 TYES 2 NO				
AN: The law r ificate has be State Dept.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER								
HYSICIAN: The his certificate with the State ked, or Item PHYSIC	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28b. TIME OF 28c. INJURY AT 28c. INJ									
After this of death with s marked,	Netural 5 Pending Accident Investigation	M	1 YES 2 NO							
E S S										
TAL OR AL DIRI 72 hour 11 Item	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
THE HOSPITAL THE FUNERAL filed within 72 I PORTANT: If I BE COMP	29b. SIGNATURE AND TITLE OF CERTIFIER									
TO BE COL	SKribert awtern		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3/4/93							
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (and the same of th	alt. Md							
	1 1 1 W 1 1 OSVI OF TO	T	WA. MA							

DHMH-16 Rev 1/89

MARTIN TO THE BOOK OF THE SECONDARY

6. BIRTHPLACE (Sta

ntry)

10g, CITIZEN OF WHAT COUNTRY?

U . S . A .

Specify.

21085

14. RACE — American Indian, Black, White, etc.

W.

9c. COUNTY OF DEATH

Harford

3. TIME OF DEATH

Va.

10d. INSIDE CITY

1 TES 2 X NO

White

W. VA.

set and Death

Dundalk

Dundalk, 21222

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day

Approximate Interval Between

te or Foreign

FOR STATE REGISTRAR

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OF	DUVCIO
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DODITAL OD ATTENDIAN DUVCHOLAMI. The four consistent the death confidence he accorded safety of
5	90
	DODITA:

L DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, You IF UNDER I YEAR MONTHS DAYS HOURS 1 M 2 F YRS. director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should Be. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Harford Md. Bel Air FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 438 Moores Mill Rd. 21014 after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 1 Never Married 2 Married ВҰ 1 TES 2 NO Specify: 3 🔯 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8th Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at John Beachler Ida Metta Losh BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Sandra Hoopak 2709 Clayton Rd. Joppa Md. 90 20a. METHOD OF DISPOSITION
11 Burial 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or To must odd Fellows Donation 5 Other (Specify) 18WEST MILLFORD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of in by the funeral or removal. 7110 Sollers Point Rd. other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the paneth ahock, or heart failure. List only one cause on each interest of the cause on each interest of the cause of the cau th. Do not enter the mode of dying, such as cardiac or reapiratory arrest, filled in by 0 IMMEDIATE CAUSE (Fine) and completely filled burial, cremation, disesse or condition resulting in death) Lun CERTIFICATION Sequentially list conditiona, Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury physician that initiated events the attending p resulting in death) LAST 0 chexea shows any Injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? and Health a 1 TYES 2 THO been t. of I has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) Hem certificate the the State SPITAL:
Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 - Nurs ng Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) this c 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked, 1 Netural 1 YES 2 NO death BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: / COMPLETED 28 4 Homicide Hem 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and manner ea stated. BE D018779 wo 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Har

> 32. REGISTRAR'S SIGNATURE Deviden

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH- t6 Rev 1/89

testas . . TELLINGS Mind while the same of the sam

	REGISTRAR		CE	RTIF	ICATE O	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Dell	a Lee	Cru	е		2. DATE O	F DEATH	NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-04-0266	1 🗆 M 2 💢 F	8. AGE (In yrs. last birthday) IF UNDER 1 YES. 8. 1 YRS. MONTHS DA			HOURS MIN.	9-	F BIRTH (Day, Year) 1 - 1 9	11	Country	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT 3115 Chestnut Avenue Baltimore										ATH
DIRECTOR	Maryland 10b. count	_		10c. CIT	Y, TOWN OR LOC	ATION	Ba1	timo	re	- 1	10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
FUNERAL	827 W. 34th S					of ZIP CODE	1211		10g. CITIZ		S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	MED O	If yes,	CENDENT OF HISPA pecify Cuban, Maxico S 2 NO Specific	en, Puerto Ric	(Specify Yes	or No —	14. RACE Black, Specify	- American Indian, White, atc.
9	15. DECEDENT'S EDU (Specify only highest grade		(Gh	e kind of v	USUAL OCCUPAT		16b. F	(IND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	life.	Do NOT us	omemak						
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
B	Ernest Fai: 19a. INFORMANT'S NAME (Type/Print)	<u></u>	196.	MAILING	ADDRESS (Stree	EIS1	e We		Ctoto 7in	Codel	
임	Barbara Lee Jo	nes	1	091	5 Stef	feny Ro	ad R	anda	llst	own,	MD 21133
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crem	atory or o	of disposition (warme of netery	3/18		cation - c		, Marylan
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Cup	enter)	Buro	ee-Hens	S Fu	nera	l Ho	me	21211
	23. PART i. Enter the diseesea, pro ahock, or heart feliure.	complications that c	caused the dae	th. Do r	not anter the m	oda of dying, aud	ch as cerdie	oc or reepi	ratory arre	est,	Approximate
	IMMEDIATE CAUSE (Finei disease or condition resulting in death)		1 0	Cak	PCIHON	12.					Interval Batween Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST A METASTRIC CARCINOM 2 B MOS SMOS SMOS CARCINOM 2 CARCINOM 2 DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
DICAL (PART II. Other eignificant condition	a contributing to de	eath but not re	eulting i	in the undariyi	ng cause given in	Part i. 2	4a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
ш							_	T VES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (Ch	neck only one)				
IXSI	1 YES 2 NO	1 Inputient 2 E				me 5 - Rasidence	6 🗆 Other (Specify)			
ву рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	Ybar)		URY W	JURY AT ORK? YES 2 NO	28d. DEŞC	RIBE HOW II	JURY OCC	URED	
8	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF II building, ato	NJURY — At hom L (Specify)	ne, farm, s	street, factory, off	ce	281, LOCAT City or	ION (Street a Town, State)	nd Number (or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my									and menner ea stated.
TO BE		wing,	11.50	11.8),	29c. LICENSE NUI				- '	Month, Day, Year) -93
-	30. NAME AND ADDRESS OF PERSON WHO Dr. Samuel Ow:					2149 K	irk	Aven			
`	31. DATE FILED (Month, Day, Year) MAR 1 8 1993	32. REGISTRAR'S	S SIGNATURE	N.							

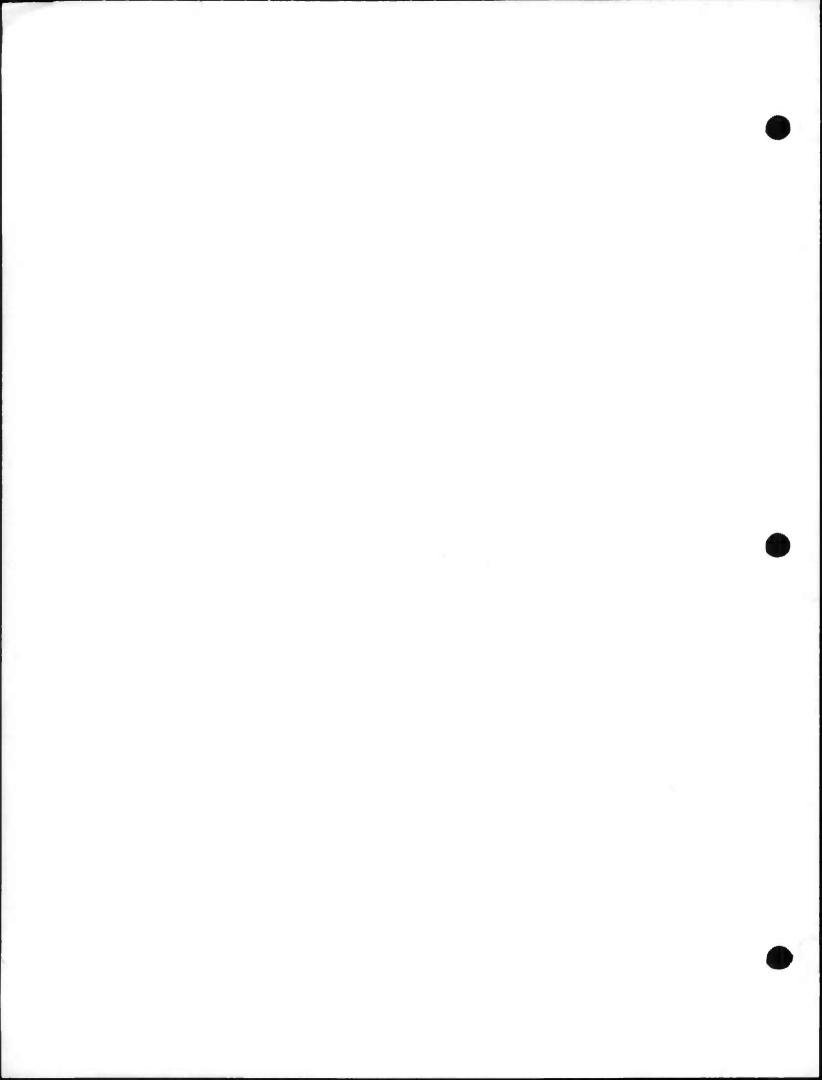
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



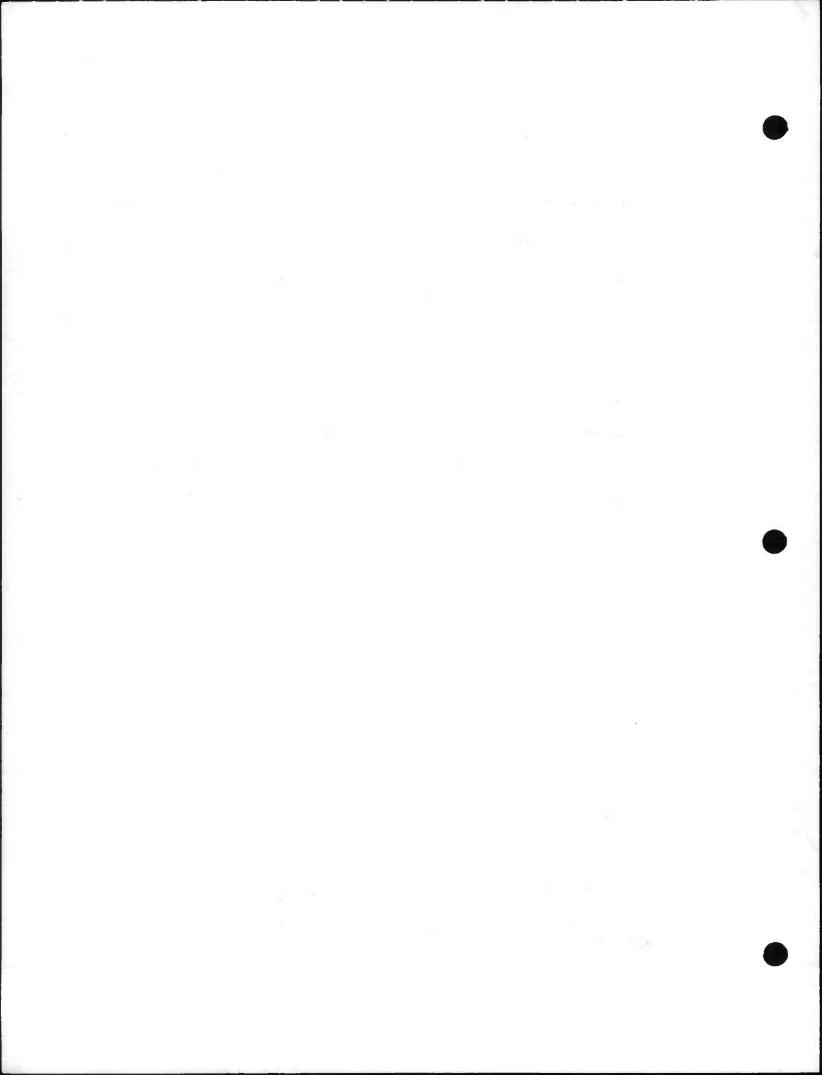
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TO THE HOSPITAL OFFICIAL OFFICIAL OFFICIAL The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after that the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		C	ERTIFICATE	0	F DEAT	TH		REG. N	Ю.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIEN	E						
30	1. DECEDENT'S NAME (First, Middle, Last)			7.1.2 01 327111	2. DATE OF DEATH		3. TIME OF DEATH					
	Elizab	eth Reeder	Dukehart		3 15		1:30 P. M					
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. BIR	THPLACE (State or Foreign					
- 8	220-03-9750	1 🗆 M 2 🐴 F	74 YRS. MO	NTHS DAYS HOURS MIN.	1/5/19		Maryland					
- 13	9a. FACILITY NAME (If not institution, give s	treet end number)	98	D. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH					
9	419 Chestnut Av	e.		Towson		Bal	to.					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY					
15	Manusland	Delte		V = -V			LIMITS?					
	Maryland 100. STREET AND NUMBER	Balto.		TOWSON 10f. ZIP CODE		10g CITIZEN OF	1 ☐ YES 2x NO					
8	43 Chiara Ct.			21204		U.S.						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DECENDENT OF HISP		or No- 14. RA	CE - American Indian.					
BY F	1 Never Married 2 Married 3 K Widowed 4 Divorced	FORCES? 1 YES		If yee, specify Cuben, Maxi 1 YES 24 NO Spec			ck, White, etc.					
					·		White					
里	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of work	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY						
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	Home	maker	IAME (First, Middle, Maiden	wn Home						
	Charles Reed	0.79				,						
BE	19e. INFORMANT'S NAME (Type/Print)	er	19b, MAILING AD	DRESS (Street and Number or Rura	enia Bride	7						
5	Anne D. Lambdin			estnut Ave.		, 01010, 240 0000)						
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem		PLACE AND DATE OF D		21204 DATE 20c, LOG	CATION — City or	Town, State					
	4 □ Donation 5 □ Other (Specify)		netery, crematory or other	place) Cemetery 3.								
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	111111111111111111111111111111111111111	22. NAME AND ADDRESS OF I	FACILITY		72/47					
	Monald CX	khale fr.		Ruck Towson	1050 York Funeral Home	e, Inc.	.204					
	23. PART I. Enter the diseases, or capacity or heart fellure	complications that caused List only one cause on a	tha death. Do not	antar the moda of dying, su	ich sa cardiac or reapli	ratory srreat,	Approximata					
- 8	IMMEDIATE CAUSE (Finel						Interval Between Onset and Death					
	disease or condition resulting in death)	. 6/10b/	istoma o	f the brain			4mo.					
		disease or condition										
O	Sequentially list conditions,	b	CONSEQUENCE OF):									
CERTIFICATION	if sny, leading to immediata cause. Enter UNDERLYING	302 10 (011 110 1	CONSCORLINGE OF J.									
트	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
FR	resulting in death) LAST	d.										
	PART II. Other significant condition	ne contributing to death b	ut not mouthly to t									
CAL	TATT II. Other significant condition	s contributing to death b	ut not resulting in t	ne undarlying cause given i	n Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
EDIC.					1 TYES 2	□ NO	OF DEATH?					
Σ							1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL			26 01 405 05 052	<u> </u>							
PHYSICIAN:	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C								
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	Nursing Home 5 Residence F 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW IN	FINEN OCCUBED						
	1 Natural 5 Pending	(Month, Day, Year)	INJURY		1	JOHN GOOGHED						
ЭВУ	2 Accident Investigation 3 Suicide B Could not be	28s. PLACE OF INJURY	- At home, farm, atree		281. LOCATION (Street a	nd Number or Rural	Route Number,					
	4 Homicide determined	building, atc. (Spec	iny)		City or Town, State)							
COMPLETED	290. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my know	edge, death occurred a	t the time, data end place, end do	e to the cause(e) and man	ner se stated						
MO	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation, is	n my opinion, death occured at th	e time, date and place, and	due to the ceuse	(s) end menner se stated.					
	296. SIGNATORE AND TITLE OF GENTIFIED			29c. LICENSE N			D (Month, Day, Year)					
BE	("WEDKINK	LIM		71130	98		h16,1993					
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	11)	10	י ומע(בפנושווע					
	Chervl Burk	M.D. 2360	W. Joppa	Rd. Lutherw	ille , Md.	21093						
i	31. DATE MAR 128 1993	FLASE STANISTICA	THE PROPERTY		Ta.							
	IIIVI/ To 1999	Q										



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR CERTIFICATE OF DEATH REG. NO.														
	1. DECEDENT'S NAME: (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH						
	PAULINE DECOURSEY					НТИОМ	16 1	YEAR POS	- M						
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In vrs. las	(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				10 1		PLACE (State or Foreign						
	219-14-0245 10 12 12 15	91	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 2/22/1	2002	Country							
1 1	9e. FACILITY NAME (If not institution, give street and number)	7 31	1710.						GINIA						
(m)		**		V	OR LOCATION OF DE	ATH		NTY OF DE							
0	Long Green Nursing	Home		T	owson		Ba	ltin	nore						
DIRECTOR	10e, STATE 10b, COUNTY		10c CIT	Y, TOWN OR LOCAT	101										
E			IOL. CIT						10d. INSIDE CITY LIMITS?						
	Maryland			Balti					1 K YES 2 NO						
₹ I	10e. STREET AND NUMBER			101	, ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?						
	3328 Mondawmin Avenu	ıe		_	2121	6		US	SA						
FUNERAL		NT EVER IN U.S. AR		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify	Yee or No	14. RACE	- American Indien,						
	IF YES GIVE Y	1 YES 2 1	NO		cify Cuben, Mexica 2 NO Specifi	n, Puerto Rican, etc.		Specify	White, etc.						
В	3 Wildowed 4 Divorced				0		l	opoun							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DE	CEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF	BUSINESS/IND	USTRY							
4	Elementary/Seconclary (0-12) College (1-4 or 5	1/fo	Do NOT us	se retired.)	st or working										
₫		<u> </u>													
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	den Surname)								
	James Carter				Minn		,								
BE	19a. INFORMANT'S NAME (Type/Print)	19	h MAILING	AODDESS (Character		Route Number, City or		0.11							
임	Russell Carter								01000						
	200. METHOD OF DISPOSITION				lameda				21239						
	17 Buriel 2 Cremation 3 Ramoval from State	cemetery, cre	metary or o	OF DISPOSITION (Na ther place)			LOCATION —								
	4 Donattor 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE	_ Arbu	tus		al Park		<u>rbutu</u>	s, N	Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		0	1 FRO	O ADDRESS OF FAI	ETT & S	ON EII	NEDA	T UOME						
	The Dix O.	N X 18	31			Y HEIGH									
	23. PART 1. Enter the diseases, or complications the	et courad the de	eth Do r	1 4 0 0 0	TTDELT	I REIGH	TO AV	ENUL							
	shock, or heert feliure. List only one ceu	use on each line).	or enter the mo	de of dying, soci	es cerdiac or re	spiratory err	est,	Approximete interval Between						
	IMMEDIATE CAUSE (Finel disease or condition	WAL F	0.43						Onset and Death						
	resulting in death) e. // C /	4ni	TIL	WILE											
		(OR AS A CONSE		,.											
N	Sequentially list conditions, b.	PERTE	M7/1	لم											
CERTIFICATION	if any, leeding to immediate	(OR AS A CONSE	QUENCE OF	F):											
2	CAUSE (Disease or injury	SCUL)												
별	that mittated events	(OR AS A CONSEC	DUENCE OF	F):											
ᇤ	resulting in death) LAST														
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	d	doeth hut not a													
	PART II. Other significant conditions contributing to	deeth but not r	esulting l	in the underlying	cause given in		AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS						
DICAL	d	deeth but not r	esulting I	in the underlying	g cause given in	PER			AMILABLE PRIOR TO COMPLETION OF CAUSE						
EDICAL	d	deeth but not r	esulting l	in the underlying	g cause given in	PER	FORMED?		AVAILABLE PRIOR TO						
MEDICAL	d	deeth but not r	esulting I	in the underlying	g cause given in	PER	FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE DEATH?						
MEDICAL	PART II. Other significant conditions contributing to	deeth but not r	resulting I		g cause given in	PERI 1 PES	FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE DEATH?						
MEDICAL	PART II. Other significant conditions contributing to 25. WAS CASE REFERNEO TO MEDICAL EXAMINER? HOSPITAL:			28. PL OTHER:	ACE OF OEATH (Che	PERI 1 TYES	FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?						
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BALTIMORE, MARYLAND 21215 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

or physician.

burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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medical

MEDICAL CERTIFICATION

BY PHYSICIAN:

BE COMPLETED

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25. WAS CASE REFERRED TO MEDICAL EXAMINER?

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH VER Mae L. Dean A/K/A Lydia M. Dean 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. RTHPLACE (State or Foreign 401 - 26 - 6209 1 - M 2 XF 70 Kentucky 10/20/22 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1415 W. Lombard Street 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Barnard Mary Eller Taylor 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Clinton H. Dean 1415 W. Lombard St., Balto. Md. 20a. METHOD OF DISPOSITION 3/PATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Burial 2 Cremation 3 R Barnard Cemetery London, Kentucky 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St. Elkridge. Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) METABOL Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO

27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Inpetient 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO		OW INJURY OCCUREO			
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	otory, office	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
one	N: To the best of my knowledge, do On the basis of examination and/or				d manner as stated. ce, and due to the cause(a) and manner as state			
SAMES STORE OF CENTIFIER	mD. (INT	ERN)	29c. LICENSE NU	MBER	29d. DATE INCHED (Month, Day, Year)			
Land Address of Person who a	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	00-0					

26. PLACE OF DEATH (Check only one)

LIGHT DELEGE REPORT

DHMH-16 Rav 1/89

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Mid

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
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2. DATE OF DEATH 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPL 193-16-8860 85 1 M 2 MF permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH PAUSTON) DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY HARFORD 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2206 OAKS prior to burial, cremation, or removal. 21015 U.S. within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Seconde 5th College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Mary Rome notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2206 Oaks Hunt Ct. BelAir Md. 21015 Lee Ann Catlin 9 20e. METHOD OF DISPOSITION

[Burlal 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must ometery cremeter of october place) Cem. 3/19 Wilkes-Barre Pa. 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 7110 Sollers Point Rd. Dundalk 21222 medical 23. PART I. Enter the diseases, or complications that cause the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of such line. Approximata intervai Betw IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition DUE TO (OR AS A CONSEQUÊNCE OF): reaulting in death) traumatic event, executed CERTIFICATION Sequentially list conditions, if any, leeding to innmediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): attending physician mal Hygiene prior to å certificate other 1 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 been signed by the atte injury, PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. the MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? that shows any 1 TES 2 NO 1 TYES 2 NO THE HOSPITAL DR ATTENDING PHYSILIAN: THE BAS Dee THE FUNERAL DIRECTOR. After this certificate has bee filed within 72 hours after death with the State Dept. (PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 NO Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Matural 5 Pending Investigation 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 50 ETED. 8 Could not be determined 4 Homicide 28 Item 2 COMPL 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. IMPORTANT: IF 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 5 032299 3 223 17192 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAUID 1131 BelAIR 31. DATE FILED (Month, Day, Year) SHE DUNGO HONDE 8 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DIVISION OF TO THE HOSPITAL DR ATTENDING PHYSIC

ON OF VITAL MECCHUS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
Wher this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	

		1 - FOR STATE REGISTRAR	STATE OF M	ARYLAN	ID / DEPAR	TMENT (OF D	ALTH AND I	MENTA	NL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, L MARY E.FLET	est)						2. DAT	E OF DEATN			3. TIME OF DEATN
										arch	15	YEAR 1993	1630 M
		4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (In y	rs. last birthday)	IF UNDER 1 Y		F UNDER 24 HRS.	(Mor	th, Day, Year)		8. BIRTH	PLACE (State or Foreign
200		212-30-6778 90. FACILITY NAME (If not institution, g		6	2 YRS.	AL OUTY TO		LOCATION OF DE		<u>-5-193</u>	1		Md
Saround	R	THE UNION MEM		TAL	1			ORE CITY			9c. COU	NTY OF DI	EATN
. 6.	CTO	RESIDENCE OF DECEDENT											
Language L	DIRE	10a. STATE 10b. COI	UNTY			altimo		N					10d. INSIDE CITY LIMITS?
use buriar-ualish perimi. rayes		10e. STREET AND NUMBER		_	Di	a i c i iii	_	IP CODE			10g. CITI	ZEN OF W	1 X YES 2 NO
2	FUNERAL	3602 Belle Ave	enue					212	215			S A	
	F.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.	S. ARMED	13. WA	DECEN	DENT OF NISPAN	VIC ORIGI	N? (Specify Ye		14. RACE	- American Indian, White, etc.
	ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WA				YES 2			riicari, etc.)		Specif	
3	ED	15. DECEDENT'S (Specify only highest g	EDUCATION	16	a. DECEDENT'S	USUAL OCCI	IPATION		16	b. KIND OF BU	SINESS/IND	USTRY	DIACK
5	MPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of w life. Do NOT ue	ork done duri e retired.)	ng most d	of working					
once.	MP	12th 17. FATHER'S NAME (First, Middle, Last)	1 year								te of	Md	
at o	E CO	Horace Sims.					1	8. MOTHER'S NA		Middle, Maiden	Surname)		
notified	00	19a. INFORMANT'S NAME (Type/Print)	, 51		19b. MAILING	ADDRESS (S	treet and	Bera Number or Rural I	Wax Route Nun	nber, City or Tow	n, State, Zip	Code)	
be not	5	Isaiah C. Fi	letcher					Road B					
must b		20a, METHOD OF DISPOSITION 1 (A Burlal 2 Cremation 3 C F	Removal from State	20b. PL	ACE AND DATE O	F DISPOSITIO	N (Name	ol	OA"	TE 20c. LO	CATION -	City or Tov	
E		4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	WC	od Tawk			ADDRESS OF FA	320)93 E	Baltin	more	, Md
examiner		· 4. 1. L.	61,	0)	Mar	ch	F/H Wes	t				
cal e	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec of												
Mental Hygiene prior to burial, cremation, or removal night or or or or or or or or or or or or or		shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Previous to not enter the mode of dying, euch as cerdiec or reepiratory errest, approximate interval Between Onset and Death											
al. crema event,			DUE TO (C	OR AS A CO	NSEQUENCE OF):	_						
orior to buris	ON	Sequentially list conditions, if any, leading to immediate Preumothorax DUE TO (OR AS A CONSEQUENCE OF):											
prior trau	CATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
Hygiene or other	RTIF	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CO	INSEQUENCE OF):							
y, or	CER	Toodking in death) EAST	d										
nd Menta Injury,	¥	PART II. Other significant condi-	tions contributing to d	eeth but	not resulting l	n the unde	rlying c	euse given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
s any	EDIC									1 TYES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shows	ME								_				1 TYES 2 NO
n 23	AN	25. WAS CASE REFERRED TO MEDICAL	L		_		26. PLAC	E OF DEATH (Chi	eck only o	ne)			
or item	SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:		5 - Residence				-	
with th	품	27. MANNER OF OEATH	28a. OATE OF IN (Month, Day)		28b. TIME	OF 28	. INJURY	Y AT		SCRIBE HOW I	NJURY OCC	CURED	
marked	B≼	1 Natural 5 Pending 2 Accident Investigation						2 🗌 NO					
after d	8	3 Suicide 8 Could not 4 Nomicide determined	Duliging, et	c. (Specify)	At home, tarm, s	treet, factory,	office			CATION (Street or Town, State)	and Number	or Rural Ro	oute Number,
SING BE	LET I	290. CERTIFIER 1 CERTIFYING PM	YSICIAN: To the best of m	v knowledo	e, death occur-	d at the saw -	data	d place and d	do Abr	waste = 4	10000-00	-	
2 =	OMP		AINER: On the beals of exa										end manner es stated.
d with	E CO	296. SIGNATURE AND TITLE OF CERTI		1			_	Pc. LICENSE NUN					(Month, Dey, Year)
be filed within 7	TO BI	John N	Molesword	1	0.0						h	lard	15 1993
		30. NAME AND ADDRESS OF PERSON		OF DEATH	(ITEM 27) (Type,			~	. 1	1/	11	<u> </u>	^
		31. DATE FILED (Month, Day Year)	John Mol	S SIGNATIV	OCT/	Uni	010	Wowo	rial	HOSPI	47	Sal	Um samis
		MAR 18 1993		den	Books					V)		,
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personal and the state of

3. TIME OF DEATH

DHMH-16 Rev 1/89

REG. NO

2. DATE OF DEATH

STATE REGISTRAR

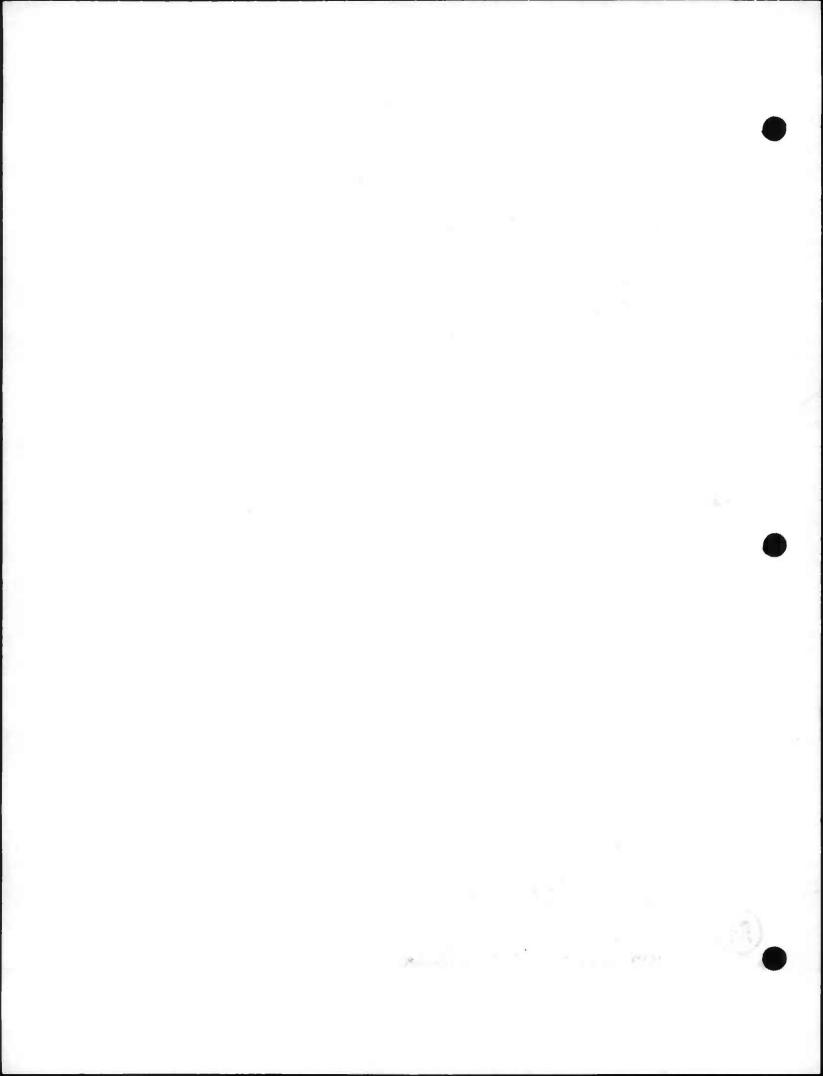
1. DECEDENT'S NAME (First, Middle, Last)

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16 93 JOHN MARTIN FAUTH 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 1 M 2 | F 215-01-4696 81 10/27/11 Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Brightwood Brooklandville Balto. RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Maryland Balto. Timonium FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Dalecrest Ct. 21093 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/1/2/NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify BY White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high detached for intary/Secondary (0-12) College (1-4 or 5+) 12 Police Dept. Lt. Balto. City Police Force once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at funeral director, page 5 should be BE George C. Fauth Anna Catherine Nissel 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shirlev G Fauth Same as 10e must be 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Dulanev 3/20/93 Valley Timonium, Md Ica Cadas 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the medical examiner 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. Liet only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel within 24 disease or condition resulting in death) event, 1 executed traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO JOB AS A CO the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? shows any 1 TYES 2 T NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED JO MEDICAL DR ATTENDING PHYSICIAN: The 28 PLACE OF DEATH (Check only one) this certificate h EXAMINER? HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA sing Home 5 - Residence 8 - Other (Specify) 430-4 50 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO В THE FUNERAL DIRECTOR: After filed within 72 hours after death Investigation 2 Accident 3 🗍 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, officibuliding, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be COMPLETED 4 🔲 Homicid If Item 29a, CERTIFIER CERTIFYING PHYSICIAN the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. THE HOSPITAL MEDICAL EXAMINER: On the b in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as IMPORTANT: 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Morth, Day, Year) 9 DZ4569 223 2 Dr Shorofsky 660 Kenilworth Dr. Alan Towson, Md 31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE 10 Tevidron MAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

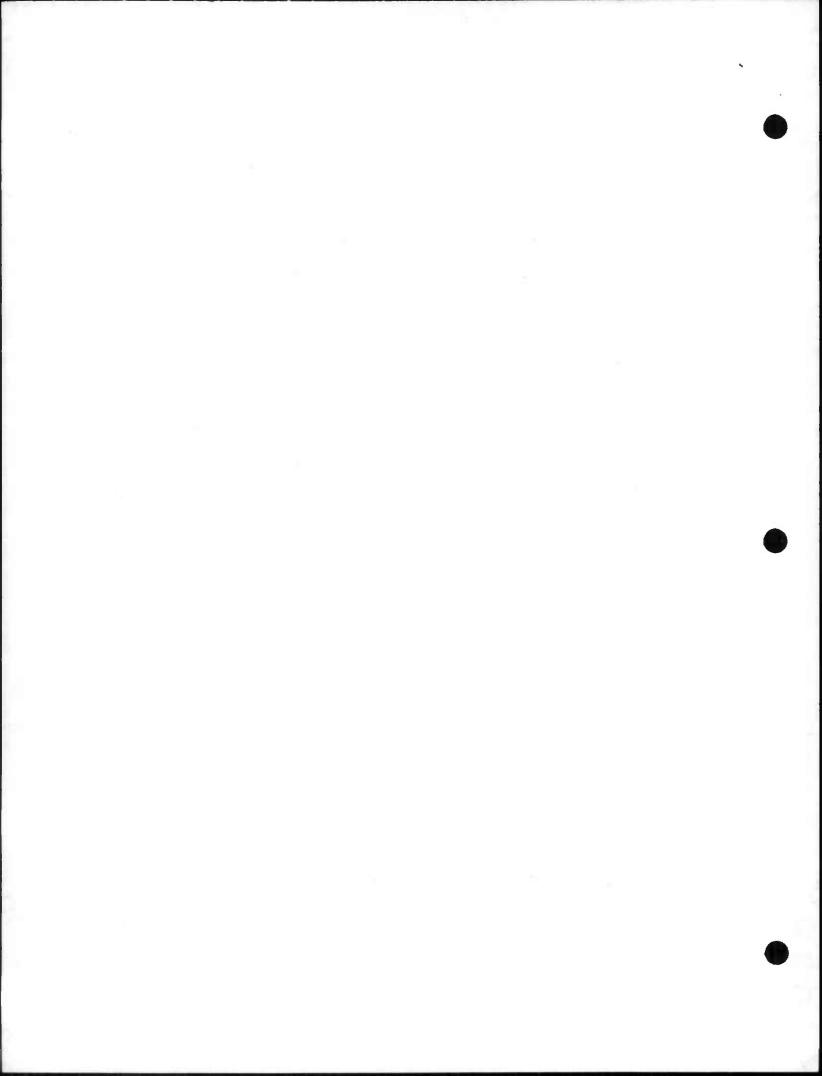
CERTIFICATE OF DEATH



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AL	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The funeral directors are the funeral directors.	2	IPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR		C	ERTIF	ICATE	OF I	DEATH	REG. N).			
	1. DECEDENT'S NAME (First, Middle, Last) HILDA B. FUL	LER						2. DATE OF DEATH	** 199	3 YEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER 217-09-7237	5. SEX 1	6. AGE (In yrs. Ia	st birthdey) YRS.	MONTHS D	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-5-1902		8. BIRTI	NPLACE (State or Foreign y)	
OR	98. FACILITY NAME (If not institution, give si 4809 Bucks School		96. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEAT FUllerton Baltimor									
[RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		I son CIT	Y, TOWN OR L	OCATIO	O41					
L DIRI		timore		10C. CIT		ler	rton				10d. INSIDE CITY LIMITS? 1 YES 2XX NO	
FUNERAL DIRECTOR	4809 Bucks School						21237			USA	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 XWildowed 4 Divorced	12. WAS DECEDEN FORCES? IF YES, GIVE W	YES 2 🔀	NAMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or if yea, appylly Cuban, Maxican, Puerto Rican, etc.) 1 VES 2 NO Specify:					a or No-	o 14. RACE — American Indian, Black, White, alc. Specify		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 6th grade	CATION completed) College (1-4 or 5 +	(0	Bive kind of v b. Do NOT us	vork done during retired.) EWIFE	IPATION ng most	N t of working	166. KIND OF B				
CON	17. FATHER'S NAME (First, Middle, Last) William Grimm							ME (First, Middle, Maide ine Brimme	,			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S)	met and		Route Number, City or To		in Codel		
٥	Mrs. Betsy Mace			5138	E. Jo	ppa	Rd. Pe	rry Hall,	Md.	2112		
	X Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		206.PLACE cemetery, cri Pine	ematory or of Grove	of DISPOSITIO	Bre	eth.Cem.	3/16/93 I	Balto	City or To	own, State aryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Home	Ē			ADDRESS OF FA In Funer Belair F	al Home Rd. Balto.	, Md.	212	36	
	23. PART I. Enter the diseases, prosphere is shock, pr heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liat Dnly Dne cau	se on each line	0.				embol			Approximate Interval Between Onset and Death	
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING		(OR AS A CONSE									
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in desth) LAST	DUE TO	OR AS A CONSE	QUENCE OF	7):							
	PART II. Other significent conditions	contributing to	deeth but not	reauiting i	n the under	riying	ceuse given in	Part i. 24e. WAS A PERFO	NAUTOPSY	24b	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
MEDICAL								1 TYES	2 110		OF DEATH? 1 YES 2 NO	
Ä												
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 UNO	HOSPITAL:	FD40		OTHER:		CE OF DEATH (Ch					
PHYSICIAN: M	27. MANNER OF DEATH	1 Inpatient 2 28a. DATE OF	INJURY	28b. TIM	E OF 28c	c. INJUR	RY AT	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OC	CURED		
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ny, Year)	B 1111	M 1	WOR	K? ES 2 NO					
	3 Suicide a Could not be determined	28s. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, larm, s	treet, lactory,	office		281. LOCATION (Street City or Town, State	and Numbe	r or Rural F	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER										and manner on state of	
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER			•		-	29c. LICENSE NUM		_		(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (77)0,			1) 30	1831	-	3/19	2/63	
	31. DATE FILED MA Roy, TOUR 100	32. REGISTRAI	R'S SIGNATURE	Mark.	Mi	0	re 1	M2 S	-12	36	<u> </u>	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
. IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	its after death. Page 6 may be retained by the hospital or attending physician.
UNECTOR: After this certificate has been signed by the attending physician and completely filled in by the finure after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be theath and Mental Hydiene prior to burial, cremation, or removal.
tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical evantience he notified at once	adical examinar must be notified at once

MAR 18 1993

93 07298 Item6, Film697, 3/19/93, lt FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR WILBUR 03 GREEN 93 3:47 P 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Morth, Day Year) 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-78-6077 DAYS HOURS 10 M 2 | F 3 Oras. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LIBERTY MEDICAL CENTER BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Timore 1 TES 2 NO FUNERAL 10m. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 e. irview 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE - American Indian, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВҮ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. SATHER'S NAME (First, Middle, La As. MOTHER'S NAME (First, Middle, Malden Surneme 0 6Ree BE MAILING ADDRESS (Sin 0 4008 GREC, ew adh. PLACE AND DATE OF DISPOSITION (Nagge of PLACE) Of The Company of their place) 20a. METAOD OF DISPOSITION

1 Burlat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 0 ATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDR 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or haart fellure. List only one ceuse on aech line. Intervel Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) me disorder TO (OR AS A CONSEQUENCE OF): hronic alcoholism NO Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY Carclinvascular diseas 1 YES 2 | NO OF DEATH? 1 YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: Y 1 | Inpatient 2 P ER/Outpatient 3 | DOA EXAMINER? OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 XYES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO В 2 Accident DR ATTENDIA DRECTOR: A hours after c 28a. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide IMPORTANT: If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and manner as stated. 2 📈 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 290. SAGMATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Moht MI O.C.M.E. 03/18/93 223 9 E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONALD G. WRIGHT, M.D. 111 Penn Street, Baltimore, Maryland

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93 07299 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MARIE (NMN) 03 93 09:50 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 213-09-9828 1 🗌 M 2 😾 F 01 02 1912 MARYLAND 9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE COUNTY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY apt 202 D WOODHILL DRIVE 21061 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 TYES 2 X NO Specify BY 3 X Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 12 NONE SALESPERSON HOCHSCHILD-KOHN 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) JOHN GEORGE BE MINNIE KOENIG 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JILL FLEISHER 7618 CARTERET ROAD BETHESDA, 20817 MD 9 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Must LOUDEN PARK CEMETERY BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE. 22. PART | Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** me m disease or condition RESPIRATORY FAILURE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CANDIO GENE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY FAT LIVERB 1 TYES 2 T-NO OF DEATN? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 10 me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO В 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide MPURIANI: II ITEM CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the ceuse(s) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) ATTENDING 217 3 2 30. NAME AND ADDRESS OF PERSON WNO-COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

M.D./1600 CRAIN HIGHWAY, S.W./GLEN BURNIE, MARYLAND 21061



SURYA P MUNDRA,

39, RECHARAS SIGNATURE

YEAR

93

Baltimore

U.S.A.

White

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

1 - YES 2 1 NO

Approximate

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO

1 YES 2 NO

3/16

COMPLETION OF CAUSE OF DEATH?

Interval Between

Onset and Death

B. BIRTHPLACE (State or Foreign Country)

Maryland

REG. NO 2. DATE OF DEATH DAY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

MAR 18 1993

1. DECEDENT'S NAME (First, Middle, Last)

IDA ALICE GAMBRILL

1

3-14-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 X F 215-34-5432 88 7-7-04 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Augsburg Lutheran Home Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION Maryland Balimore Lochearn detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3801 Arbutus Ave. 21207 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-trar 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, P

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5 +) 7 yrs Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin O. Brookhart at BE Mary Ritter notified a 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Paul M. Gambrill 1438 Hoods Mill Rd. Woodbine, Md. 21797 pe 20a. METHOD OF DISPOSITION
1 ◯ Buriel 2 □ Cremetion 3 □ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must St. John's Lutheran 3-18 Long Green, Md. 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 and completely filled in by the oburial, cremation, or removal. medicai 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, ahock, or haert failure. List only one cause on each lina. **IMMEDIATE CAUSE (Finei** the diseese or condition (evincal OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Health and Meni PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY CH PERFORMEO? shows any 1 YES 2 NO s certificate has been sight the State Dept. of Hi d, or item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 28 is marked, Naturel

✓ 5 Pending 1 YES 2 NO ВY After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED DIRECTOR: / 4 Homicide III Illem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, date end place, end due to the cause(e) end manner as stated. 2 DMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner es stated. 2 P 2 M 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 띪 8 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7220 Park Heights Ave Dr. Harold Bob

32. REGISTRAR'S SIGNATURE

Davidson-Rando

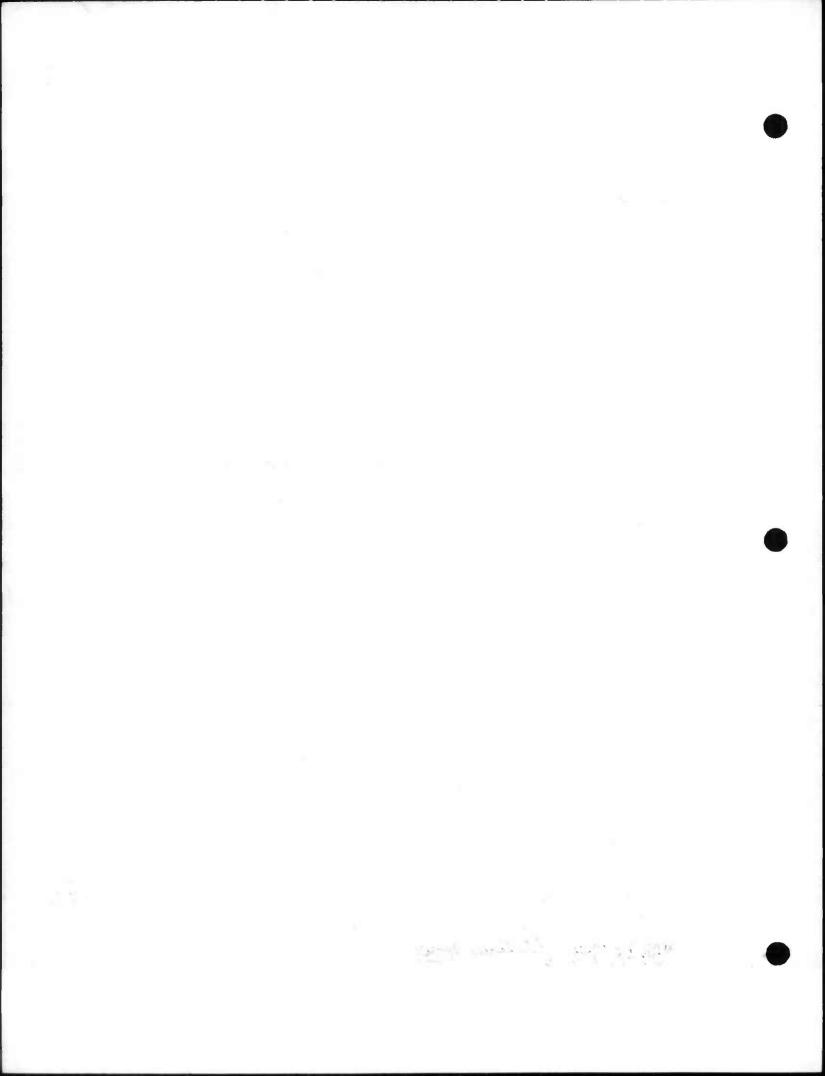
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

			1 4
		4. SOCIAL SECURITY NUMBER	5. SE
		109-10-3116	1 🔲
pine		9a. FACILITY NAME (If not institution, give str	net an
S Sh	Œ	3955 Bonner Road	
2	유	RESIDENCE OF DECEDENT	7
Ses	Ĕ	10a. STATE 10b. COUNTY	
if. Pa	a	Md	
nsit perm	ERAL	3955 Bonner Road	
O sician al-tra	S	11. MARITAL STATUS	12. W
5-002 ding phys	BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF
215 atten	8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION
L RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 siaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ept. of Health and Mental Hyglene prior to burial, cremation, or removal. Sa shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED BY FUNERAL DIRECTOR	Elementary/Secondary (0-12)	Colle
AN the hos detach	COM	17. FATHER'S NAME (First, Middle, Last)	
A VE	Ä.	Charles William	SO
IAF tained shoul	0	19e. INFORMANT'S NAME (Type/Print)	
Me ref	Ĕ	Myrtle Edgerson	
RE pag		20a. METHOD OF DISPOSITION	
e 6 r		1 Donation 5 Other (Specify)	val fr
FIN Pag		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by t EUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, centation, or removal.		Atrome +	F
rs aft remo remo		23. PART i. Enter the diseases, or co	
hour if led it or . or . or		IMMEDIATE CAUSE (Finel	IBC O
nin 24 fiely fi		disease or condition resulting in death)	
with uplet crem		resulting in death)	•
RECORDS, P.O. BOX 68760, requires that the death certificate be executed within been signed by the attending physician and completele of Health and Mental Hyglene prior to burlal, crema shows any Injury, or other traumatic event,	z	C 6	
X E exe	은	Sequentially ilst conditions, if any, leading to immediate	
BO ate b sysicia prior	3	CAUSE (Disease or Injury	
of ph	띨	thet initiated events	
P. C	ᇤ	resulting in death) LAST	
S, dear dear dear denta	2	DART II Other claudient and the	
or the by the land had be	<u>₹</u>	PART II. Other significant conditions	. /
s the	ă	nguise	4
Pequire en sig of He	N: MEDICAL CERTIFICATION		
L H law n s ber ept. e	ä		
	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOS
VI IAN: tiffica e Sta	S	1 YES 2 NO	1 🗆 1
ON OF VING PHYSICIAL of the marked, or	PHYSICIA	27. MANNER OF DEATH	7
A STATE OF THE STA	>	1 Natural 5 Pending 2 Accident Investigation	
O O O	8	3 Suicide 6 Could not be	2
ATTENDI CTOR: A after de	三	4 Homicide datermined	
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The I ORECTOR: After this certificate ha hours after death with the State D Item 28 is marked, or Item 2	4	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN.
RAL PAL	MP	(Check only one) 2 MEDICAL EXAMINER	_
DIVISION OF VITAL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dep	BE COMPLETED BY		
THE Port	BE	296. SIGNATURE AND TITLE OF CERTIFIER	4
5 5 3 4 M	2	Deginale a	2
	- B	30 NAME AND ATTORESS OF DEDSON WHO	

_	1 - STATE REGISTRAR		SIMIE OF R	IANTLA	CERTIF	ICATI	E OF	DEAT	H W	MENTAL HYGIEN REG. NO	_		
1	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	NY.	YEAR	3. TIME OF DEATH
ı	4. SOCIAL SECURITY NUMB	En	Lela B.							3 1	<u>1</u> 1	993	M
	109-10-3116	EN	1 M 2 F	8. AGE (In	yrs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8, BIRTH Count	HPLACE (State or Foreign ry)
ı	9a. FACILITY NAME (If not in:	stitution, give s	7.5			9b. CITY	r, TOWN C	R LOCATIO	ON OF DE	1-7-1882	_	UNTY OF D	N.J.
	3955 Bonne		d			l B	Balti	more					
ĺ	RESIDENCE OF DEC	EDENT 10b. COUNT	·		10c CIT	Y, TOWN		10 =			1		
}	Md					timo							10d. INSIDE CITY LIMITS? 1 V YES 2 NO
	10e. STREET AND NUMBER					0 11110		ZIP CODE			10g. Cf	TIZEN OF N	WHAT COUNTRY?
	3955 Bonner	^ Road					21	216				JSA	
	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO	. 20	If yes, spe	cify Cube	F HISPANI n, Mexican Specify:	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, atc. #y: Black
	15. DECI (Specify only	EDENT'S EDU highest grade	CATION completed)	1	6a. DECEDENT'S	work done	CCUPATIO	N st of workin	g	16b. KIND OF BUS	SINESS/IN	IDUSTRY	
	Elementary/Secondary (0-		College (1-4 or 5 +)	life. Do NOT u	se retired.)			_				
	17. FATHER'S NAME (First, Mi Charles W		ทรดท							IE (First, Middle, Malden	Sumame)		
	19e. INFORMANT'S NAME (7)		13011		19b. MAILING	ADDRES!	S (Street a			Wilson oute Number, City or Tow	n. State 7	in Code)	
	Myrtle Edg	erson			1					Baltimor			216
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation		oval from State	20b. P	LACE AND DATE	OF DISPOS	ITION /No	ne of		DATE 20c 10	CATION -	City or To	we State
	4 ☐ Donation 5 ☐ Other		FNSEF 1	LC	ong Isla	and N	Vat (emet	ery	31893 Pi	ne L	awn I	V. Y
	From	12 7	1	ump:	son J	- 1				venue			
-	23. PART i. Enter the dishock, or he	seasea, or c	complications that List only one ceu	caused t	he death. Do i h line.	not enter	the mo	de of dyl	ng, such	as cardiac or respi	ratory a	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Findiseese or condition resulting in death)		. Co	reh	okle	pe	ret	buy	V	alure			Onset and Death
	Sequentially list condition	ona.	b		ONSEQUENCE O	/		0					
	if any, leading to immed cause. Enter UNDERLY!!	diate NG	DUE TO	OH AS A C	ONSEQUENCE OF	F):							
	CAUSE (Disease or Injurated Initiated events resulting in death) LAST		DUE TO	OR AS A C	ONSEQUENCE O	F):						_	
	- Counting in county Exic		d			_							
	PART II. Other significant	nt condition	s contributing to	//	not resulting	in the un	derlying	ceuse g	iven in F	Part I. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
										-			OF DEATH?
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)			
ı	1 YES 2 NO		1 Inpatient 2 I		ent 3 DOA	4 🗆 Nun	sing Home			☐ Other (Specify)			
	1 Netural 5 🗆 F	Pending nvestigation	(Month, De			URY M	28c. INJU WOI	RK?		28d. DEŞCRIBE HOW II	NJURY OC	CURED	
	3 Suicide 6 0	Could not be	28e. PLACE Of building.	F INJURY —	Al home, farm, s	streel, fact			-	26I. LOCATION (Street a City or Town, State)	ind Numbe	or or Rural F	loute Number,
		latermined			·					City or lown, State)			
										o the cause(a) and man) and manner as stated.
	296. SIGNATURE AND TITLE	OF CERTIFIEF	1 54	00,	nem	0		29c. LICE	NSE NUME	9ER	29d. DA	TE SIGNED	(Month, Dev Year)
	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUS	E OF DEATI	H (ITEM)27) (5/00,	Print)	10				·	4	
	31. DATE FILED (Month, Day, Y MAR/ 1-8/19	93	Julie David	R'S SIQUAT	UFF	Cer		,					



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	be betached for use as the burial-transit permit. Pages 1, 2, 3 shou		
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de law lequites plat ple death celulicate de execution minim Execution alter death; reg	has been signed by the attending physician and completely filled in by the funeral direct	Dept. of Health and Mental Hygiene pri	n 23 shows any Injury, or other traumatic event, the medical examiner must be notified
חמו	ed by	th and	any
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0	has	Dec	123

BALTIMORE, MARYZAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTIOR: After this certificate has be filed within 72 hours after death with the State DIMPORTANT: If Item 28 is marked, or Item 3.

STATE	0F	MARYLAND	/ DEPARTMEN	IT OF	HEALTH	AND	MENTAL	HYGIENE
		C	CERTIFICAT	EO	F DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	CE				EALTH AND I	MEN	TAL HYGIENE)]	01002
,	1. DECEDENT'S NAME (First, Middle, Lorg) AMES	TTERSO	N	GA	RI.	5			ATE OF DEATH	<u>,</u>	YEAR 993	3. TIME OF DEATH 5:30 PM
1	4. SOCIAL SECURITY NUMBER 210–22–7888	5. SEX 6. A	GE (In yrs. last i		IF UNDER 1		IF UNDER 24 HRS. HOURS MIN.	(A	ATE OF BIRTH Aonth, Day, Year) ept.23,		6. BIRTH Countr	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s			1110	9b. CITY,	TOWN 0	R LOCATION OF DE		epu.23,		NTY OF D	nsylvania
OR O	11317 Rambling 1	Road,			Gait	her	sburg			Mor	ntgor	nery
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OF	LOCAT	ION					10d. INSIDE CITY
BI	Maryland Monte	gomerv			Gait	hore	shura					LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER				- C- C- C- C- C- C- C- C- C- C- C- C- C-		ZIP COOE			10g. CIT	ZEN OF V	VHAT COUNTRY?
NEB	11317 Rambling I						20879				USA	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT, EVE FORCES? 1 \(\Delta\) Y IF YES, GIVE WAR O 1 948-1	YES 2 NO OR DATES	IED)	11	yes, spe	ENDENT OF HISPAN Helfy Cuban, Mexica 2 NO Specify	n, Pue		or No—	14. RACE Black Speci	E — American Indian, c, White, etc. ffy: White
	15. OECEOENT'S EDU (Specify only highest grade	CATION	16a. DEC		USUAL OC		IN st of working		16b. KIND OF BUS	INESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. L	Do NOT us	se retired.)			ı				
₩ P	12 17. FATHER'S NAME (First, Middle, Last)	0	Con	cret	e Fin	nish			Constru		n	
8	James F. Garis						INC. O POST COL		Patterso			
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number or Rural I				Code)	
은	Jean A. Garis				as 10							
	20a. METHOO OF DISPOSITION 1 ☐ Burlet 2 💢 Cremetion 3 ☐ Ren	loval from State	other plac	>e)			netery, crematory or				City or To	
	4 Donation 5 Other (Specify)	CENSEE	Met	ropo			ematory	CILITY		xanc	ırıa,	Virginia
	Murif X		rer	1	1	Muri	el H. Ba	arb	er Funer			20882
	23. PART i. Enter the diseases, or shock, or heart failure.			th. Do i	not enter t	the mo	de of dying, suc	h as	cardlec or respir	atory ar	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	Mya	CAR	D.	Λ.		NFAI	7 0	·	ŧ		Onset end Death
	resulting in death)		AS A CONSEC				NIT		- 11070			4 geon
2		h.			•							
6	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	UENCE O	F):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR	AS A CONSECU	UENCE O	F):							
E	resulting in death) LAST	d										
	PART II. Other significant condition	ns contributing to dee	th but not re	suiting	in the und	deriyind	cause given in	Part	i. 24a. WAS AN	AUTOPSY	246	, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		_							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1.0.120	200		OF OEATH? 1 YES 2 NO
ž	4											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck or	nly one)			
14S	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/		DOA 28b. TIN	4 🗆 Nurs		e 5 Residence	_	Other (Specify) OESCRIBE HOW IN	LIURY OC	CURED	
=	1\2 Natural 5 Pending	(Month, Day, Ye			JURY M	WC	PRK?	200	. OLGONIDE HOW II		OUNLD	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (JURY — Al hon (Specify)	ne, farm,	street, facto	ory, offic	•	261.	LOCATION (Street a City or Town, State)	nd Numbe	or or Rural	Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my I	knowledge, des	th occur	red at the ti	me, date	and place, and due	to th	e cause(a) and man	ner as ste	ited.	
MO	0001	ER: On the besis of examin	nation and/or in	rvestigati	on, in my of	pinion, c	leath occured at the	time,	data and place, an	d dua to t	he cause(a) and manner as steted.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	IR .					29c. LICENSE NU	MBER	7.6	29d. DA	TE SIGNE	(Month, Day, Year)
10	Michael	Anche	ns_				129	7 -	50	•	3-1	5-93
	16220 FRED	HÒ COMPLETED CAUSE OF	7 D. 5	VIT (Print)	0	GATIV	G	rs Bur	eG,	M	20877
	MAR 1 8 19	32. REGISTRAR'S		jande								

• . J. C. (2000)

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HOSPITAL

MAR 18 199

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32. REGISTRAR'S SIGNATURE

na Davidson

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR ADELPHIA ELIZABETH HALL 0.3 15 1993 9:26 a.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (Stata or Foreign 1 M 2 F DAYS HOURS YRS. 212-22-5687 03 1914 VIRGINIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ANNE ARUNDEL 1 - YES 2 NO SEVERN FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 7621 AMOS AVENUE 21144 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Pu BY 3 Widowed 4 Divorced **BLACK** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working intery/Secondary (0-12) College (1-4 or 5+) NONE HOMEMAKER OWN HOME must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) BE BROWN ADA 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5040 SILVER HILL CT. APT 103, FORESTVILLE, MD 19a. INFORMANT'S NAME (Type/Print) 2 ERNESTINE LEWIS 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 ※ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPD SITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 5 Other (Specify) METRO CREMATORY INC. 3/20 BALTIMORE, MD 21. SIGNATURE OF UNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, medicai 23. PART J. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) event, item 23 shows any injury, or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST Other algnificent conditions contributing to deeth but not reculting in the underlying ceues given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Mellitus AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 LNG OF DEATH? 1 TES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF OEATH (Check only one) HOSPITAL OTHER: 1 YES 2 -40 lent 2 ER/Outpatient 3 DOA ne 5 🗆 Rasidenca 6 🗆 Other (Specify) 0 26a. DATE DF INJURY (Month, Day, Year) 27. MANNER DE DEATH 28h, TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural DIRECTOR: After the hours after death william 28 is mark 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide THI FUNERAL DIRECT
MITHIN 72 HOURS A
CHITANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year BE Alterding Dour 16 84 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 30. NAME AND ADD CYRIAC bowy 3 4-0 1600

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DIVISION OF VITAL RECORDS, P.O. BOX 68/6U,

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAI		TMENT OF H		MENTAL HYGIENI REG. NO.	50	0/304
1	1. DECEDENT'S NAME (First, Middle, Last)	Catheri	**	Hay		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATN
OR	000 00 1000	5. SEX 8. AGE (In 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/21/1928	Cou	INPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give stre 2131 Wilkens Av	,		Baltim	OLG	City	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland 10b. COUNTY		100	town on Locat	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL (10a. STREET AND NUMBER 2131 Wilkens Avenue			101. ZIP CODE 21.223			10g. CITIZEN OF WHAT COUNTRY? U.S.A.	
BY FUNE		12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	If yes, sp	ENDENT OF HISPAN	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14. RA Ble	CE — American Indian, ick, White, etc.
LETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION Impleted) College (1-4 or 5+)	(Give kind of w life. Do NOT use			16b. KINO OF BUS		
E COMPL	8th Grade 17. FATHER'S NAME (First, Middle, Last) Th	nomas I	Howdysh	Manager ell		ME (First, Middle, Maiden S	cy Store Sumama) Knott	2
TO BE	190. INFORMANT'S NAME (Type/Print) I'ma Bradford		19b. MAILING 2131 V	ADDRESS (Street a	nd Number or Rural F Avenue	Baltimor		land 21223
	20s. METHOD OF DISPOSITION 1 [X] Burlal 2 Cremetton 3 Remov 4 Donation 5 Other (Specify)	al from State cemete Mo	ery, cremetory or other	nal Mem.	Park	3/19 Lat	arel, Ma	
	21. SIGNATURE OF FUNERAL SERVICE LICES	1 Zvamii	owsk	Georg	Ritchie	ce Funeral	imore.	
	23. PART i. Enter the diseases, or conshort, pr heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Respiratory Due to (OR AS A Co	h iina.	ot enter the mo	de of dying, suci	h as cerdiec or reapir	atory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Sewn COPD DUE TO (OR AS A CONSEQUENCE OF): Asthmax Due TO (OR AS A CONSEQUENCE OF): d. MOIBID OBEOITY							
A	PART II. Other aignificant conditions ### All Part Part	contributing to death but	not resulting i	n the underlying	g cause given in	Part i. 24a. WAS AN / PERFORI	MED?	Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: MEDIC	_Hiatal Herna					_ ′		1 - YES ANO
SICIAN		HOSPITAL:	ient 3 🗆 DOA	26. PL OTHER: 4 \sum Nursing Norm	ACE DF DEATH (Che	6 Other (Specify)		
ву рну	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 1	RK? (ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
a	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					l Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(a) and manner as stated.							
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER AUC Aldrich PG-C				29c, LICENSE NUM	IBER	29d. DATE SIGNE	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	VE TUN Blud	BAI		21230			
	MAR 18 1993	22. REGISTRAR'S SIGNAT	URE PROBLE					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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93 07305 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 13 HUTCHINSON 1993 03 8:10 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 212-03-4862 D HOURS 1 - M 2 X F YRS. 88 7-14-1904 Md 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 715 NORTH MOUNT STREET BALTIMORE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 715 N. Mount Street 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried BY 1 YES 2 X NO 3XX Widowed 4 Divorced B1ack COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Powell Amanda Ross BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine Kelly Hillview Road Baltimore, Md 21225 20e METHOD OF DISPOSITION
1 \(\text{I} \text{ Buriel} \) 2 \(\text{ Cremation} \) 3 \(\text{ Removal from State} \)
4 \(\text{ Donation} \) 5 \(\text{ Other (Specify)} \) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Md Nat Memorial Park 31893Laurel. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Effer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ehock, or heert feliure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) • Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TYNO PHYSICIAN:

					1 YES 2 NO	
S. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Nursing Home 5 Other (Specify)					
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	RED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)			281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,	

29e. CERTIFIEI	R + CEPTIFUNG SUPPLICATION TO THE	red at the time, date and place, and due to the ceuse(e) end menner ea stated.
(Check onl	by CERTIFYING PHYSICIAN: To the beet of my knowledge, death occur	ed at the time, date and place, and due to the ceuse(e) end menner ea stated.
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/ A	, and opinion, control octaves at the time, care and	proce, and due to the cause(e) and menner of stated.
STURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
antone MI	O.C.M.E.	▶ 03/14/1993

HO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print)

DR. LARON LOCK	E M.D.	111	Penn	Street,	Baltimore,	Maryland	21201
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32. REGISTRAR'S SIGNATURE MAR 18 1993

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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93 07306 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1_DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Robert Leroy Hall III 93 Is 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 2 1 2 F Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University of Md. Hosp? 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland ====== Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1303 Pontiac Avenue U.S.A. 21225 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Marrie BY 1 TES 2 NO Specify. Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Child. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Leroy Hall Jr. Caroline Mary Wavra BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 1303 Pontiac Avenue Kathleen Hall Baltimore, Maryland 21225 20e. METHOD OF DISPOSITION
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↑ Buriel 2 □ Cremetion 3 □ Rec
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State St. Margaret Cemetery 3/19 Annapolis, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 namerousky 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw IMMEDIATE CAUSE (Final Onset and Death CARDIO PULMONARIO DUE TO, COR AS A CONSEQUENCE OF): disease or condition dell resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury SAPSCS DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? COAGULOPATHY LIVER CAPSULA 1 TYES 2 T NO OF DEATH? 1 | YES 2 410 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: Inpatient 2 - ER/Outpatient 3 - DOA g Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNED OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investige 1 YES 2 ND BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination d at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIE 29d. DATE SIGNED (Month, Den BE 3 Ca 2

WHO COMPLETED CAUSE OF DEATH (ITEM, 27, 17,06, Print) GRANT

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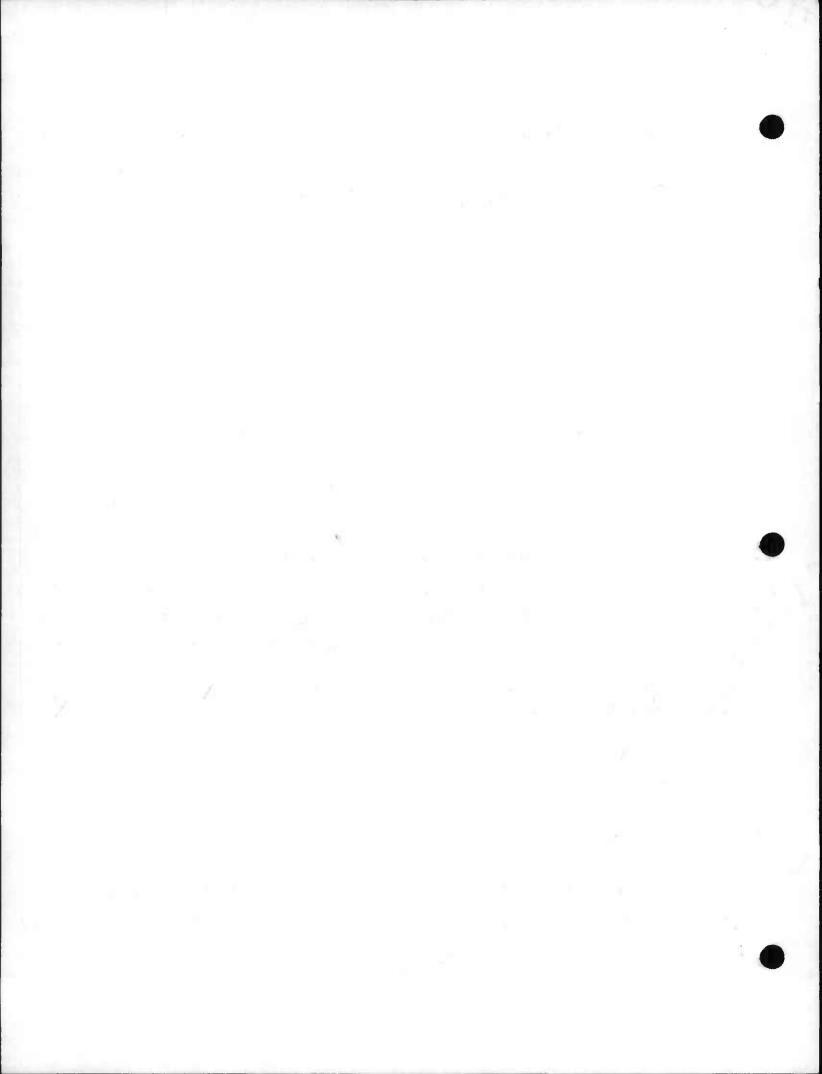
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		1 - STATE REGISTRAR	STATE OF MA					DEAT		MENTAL HYGIEN REG. NO		13 0	7307
		1. DECEDENT'S NAME (First, Middle,	11	11.	1					2. DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH
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		186-42-6269	XX M 2 G F	39	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 7-24-195	3	Country)	ACE (State or Foreign
should		9a. FACILITY NAME (If not institution,	give street and number)	- /	,							UNTY OF DEAT	TH _
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sit permit.	FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE			1,000,000	TIZEN OF WHA	IT COUNTRY?
pnysician. burial-transit	3	7 Oak Street 11. MARITAL STATUS	12. WAS DECEDENT.	EVER IN U.S. A	21040 USA ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No								
	8	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? TE		NO	1	yes, spe	2 XNO	Specify:	, Puerto Rican, etc.)		Black, W Specify:	hite
as the	TO BE	15. DECEDENT'S (Specify only highest	B EDUCATION grade completed)	16a. Di	ECEDENT'S	USUAL OC	CCUPATIO	N st of working	7	16b. KIND OF BU	SINESS/IN	IDUSTRY	
(#		Elementary/Secondary (0-12) 12th grade	S S	gt.	se relired.) Lst C	lass	6		US AR	MΥ			
Once.		17. FATHER'S NAME (First, Middle, Last) 18. MCTHER'S NAME (First Middle, Maiden Surname)											
d be		Howard DeLos H						Mar	ion	Evelyn Be	rgre	n	
5 should notified		190. INFORMANT'S NAME (Type/Print Mrs. Donna K.		19						oute Number, City or Tow	m, State, Z	ip Code)	
page tr		28a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3		20b.PLACE	ANDDATE	OF DISPOS	ITION (Na	me of	u, M	OATE 200. LO	CATION -	- City or Town	Steta
I director, pa		4 Donation 5 Other (Specify,		TWIN	HITTE	_				Twp	Mi	g Co.F Iliams	airfield port Pa
oeam. funera J.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E. F. Lassann Funeral Home 11750 Belair Rd. Kingsville, Md. 21087 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate											
ed in by the or removal, medical or		23. PART I. Enter the diseases	, or complications that d	aused the d	eath. Do								Approximate
filled i		iMMEDIATE CAUSE (Finel disease or condition	Chier	R	0/46	ton	0	: 5		fu. 1	22.4	0	Interval Between Onset and Death
completely ial, cremati		resulting in death)	DUE TO (O	R AS A CONSE	OUENCE O	20	0	. 1		of grant	ove	^	^
and o bur	NOI	Sequentially list conditions,	DUE TO 10	R AS, A CONSE	CLAN QUENCE O	ory	Ta	ifw	re	and Se	vere	? The	morea
ysician prior	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury)										uno-	
nding phy Hygiene p	TIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) LUCY PROPRIES											
- (0) -			d	gu, ce	ppece		1		-		~~~	Cuni	inco
by and	CAL	PART II. Other significent con	al Coherlie		resulting				lven in F	Part i. 24a. WAS AN		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	MEDI	Sheet an	1 brady	-,,.		1.00	rur		1 4	TYES :	NO 🗌	OF	OMPLETION OF CAUSE
been pt. of 3 sho	X	7410000	- Dung	ecai	l	Joce	7000	7	nyu	unen.		1	YES 2 NO
or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	MOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)			
certification the Start III	HYSI	1 YES 2 NO	1 Inpatient 2 E		26b, TIN	4 🗆 Nun			ildence t	B Cher (Specify) 28d. DESCRIBE HOW I	AL HURY OF	20 Inch	
After this or death with is marked	ВУ РІ	1 Natural 5 Pending 2 Accident Investige	(Month, Day,			M	WOI		NO	284. DESCRIBE HOW I	NJUNT (X	CONED	
TOR: After deal		3 Suicide 6 Could n 4 Homicide determin	26e, PLACE OF I	NJURY — At he c. (Specify)	oma, farm,	street, facto	ory, office		\neg	26f. LOCATION (Street City or Town, State)		er or Rural Rout	e Number.
TO THE FLOATING, THE ALTENDINGS PTISOLONS: THE LAW REQUIRES BY OF THE SUPERCORD. After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health IMPORTANT: If item 28 is marked, or item 23 shows an	COMPLETED		PHYSICIAN: To the bast of m										
FUNE within		29b. SIGNATURE AND TITLE OF CE	A		vestigatit	ni, iii niy o	panon, un	29c. LICEI				TE SIGNED (M	
TO THE De filed V	TO BE	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE	OF DEATH OTE) (True	Briat)		MD	00	18779	•	3/1.	1/93
14		Albert S.C.	SUN, M.D.	18	00	HAR	COR	DK	COA Z	D, FALL	570	N, N	10 2/047
6		MAR 1 8 1	993 32. REGISTRAR	S SIGNATURE	jandes	٤							



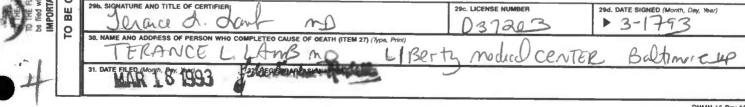
permit. Pages 1, 2, 3 should

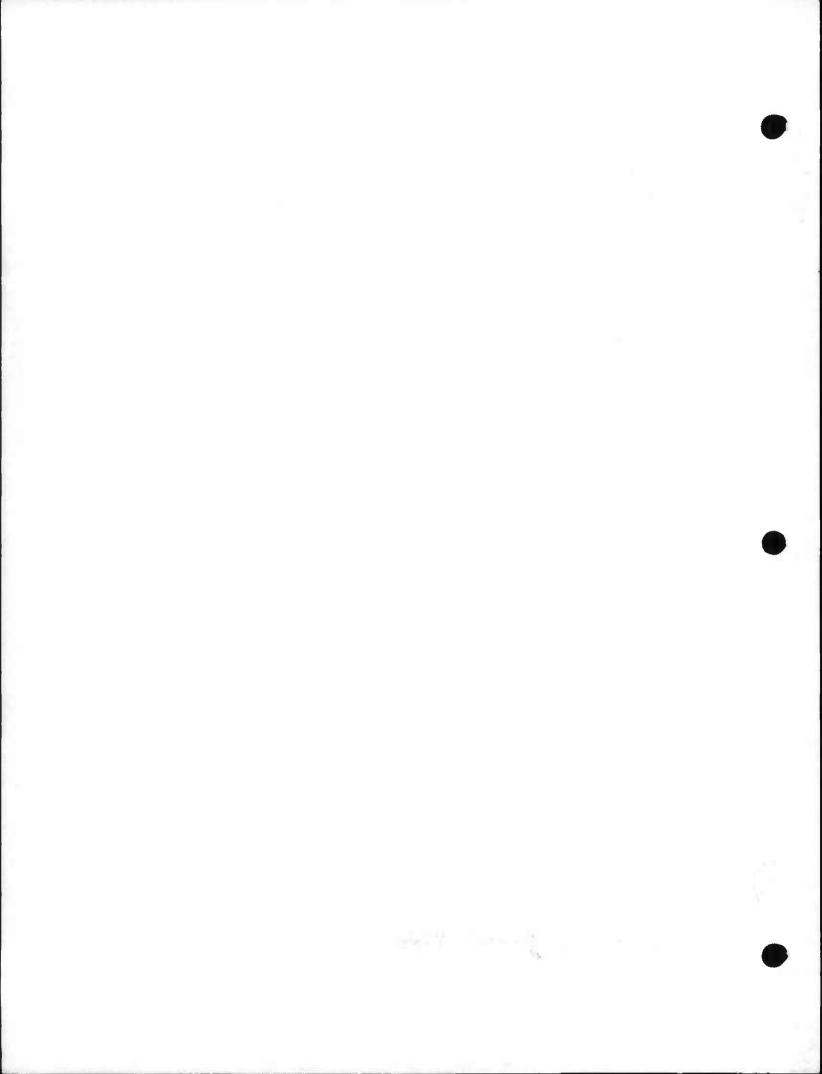
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE CHITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospita	THE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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8	DIR	hour	Hem
M	RA	2	=
8	SWE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ANT
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J	6	be fil	M

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JONES teven MONT :55A a 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or 1 7 M 2 F -21mm 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY more 1 FES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 120 21216 5 41 0 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 U YES 2 100 Specify: 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 1 D Never Married 2 Ma IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) mee Wor 17. FATHER'S NAME (First, Middle Last BE 19b. MAILING ADDRESS 2 m METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (A OATE urtal 2 🗆 Cn n 3 🗆 4 Donation 5 Other (Specify) TURE OF FUNERAL SERVICE LICENSEE 22 NAME AND FACILITY SS 23. PAGT i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arreat, shock, or heart fellure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ater Dreumonia a resulting in death) DUE TO_(OR AS A CONSEQUENCE OF): spirator BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) ha 10 that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 -NO 1 TES 2 100 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 4 🗆 Nı 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — Al home, ferm, street, factory, building, etc. (Specify) 28I. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide Could not be 4 Homlelde 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and my 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion,





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burne be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

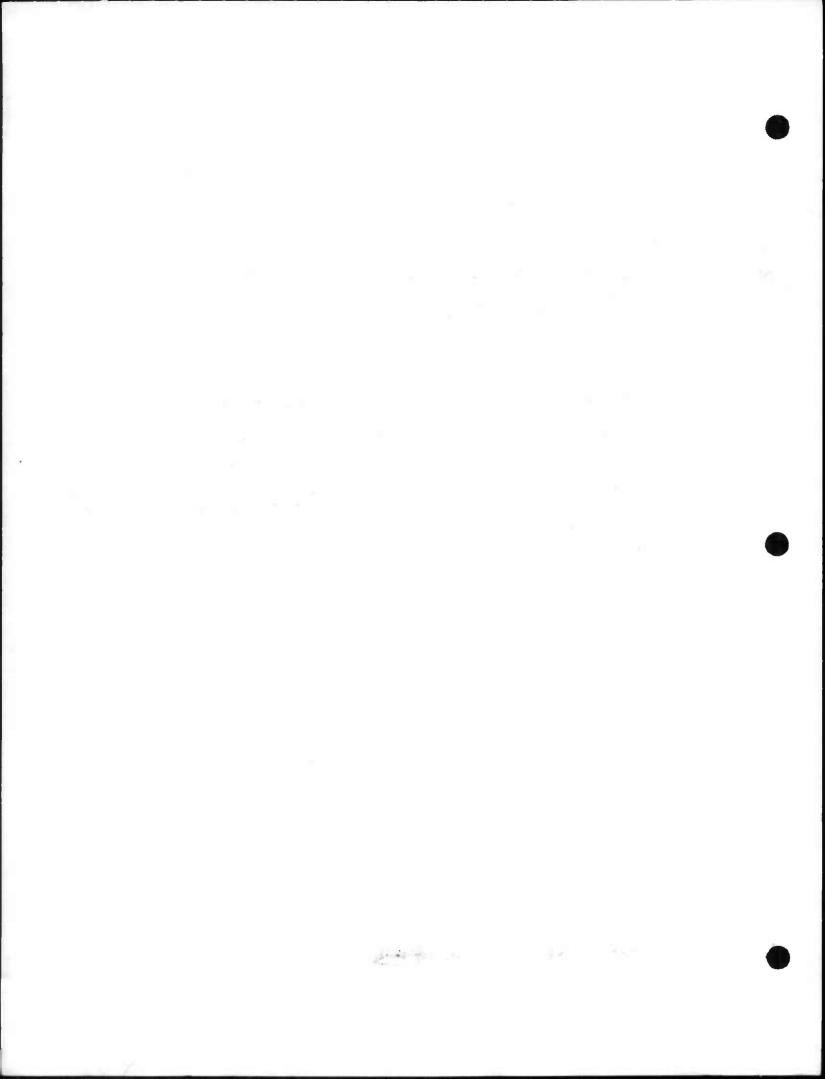
BALTIMORE, MARYLAND 21215-0026

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE O	F DEATH	REG.	NO.						
3	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H DAY	YEAR	3. TIME OF DEATH				
	RUFUS JONES					3 1	4	93	M				
			1	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Yea	1)	Country					
	9a. FACILITY NAME (If not institution, give street of			OUTY TOWN		7/27/1			NSAS				
Œ	Colo apona dominary and the												
6	RESIDENCE OF DECEDENT	IVI PPAD	(res.)	BAI	TIMORE								
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LO	ATION				10d. INSIDE CITY LIMITS?				
	MARYLAND		IMORE		F. 1		1X YES 2 NO						
RAI	10e. STREET AND NUMBER				101. ZIP CODE		fog. CIT	IZEN OF WI	HAT COUNTRY?				
FUNERAL	5910 CROSS COUN	TRY BOULE	15	٠.,		SA							
	1 Never Married 2 Married			If yes,	ECENDENT OF HISPAN specify Cuban, Mexican	n, Puerto Rican, etc.	Yes or No—	Black,	— American Indian, White, atc.				
B	3 Widowed 4 Divorced 2/6/43 2/8/46 1 YES 20 NO Specify: Specify: Specify:												
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	IN Dileted)	Give kind of work	JAL OCCUPA	TION	16b. KIND OF	BUSINESS/INC						
	and the second s	illege (1-4 or 5+)	life. Do NOT use re	tired.)	roat or working	Met	Life	Insu	rance				
MP													
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Ma							
B	Hannabal Jones 19a. INFORMANT'S NAME (Type/Print)		19h MAILING AD	DECC /Stand	Altha	a Smit	h	0.41					
2	Janet Major Jon	es			Country				D 01015				
	20e. METHOD OF DISPOSITION	20h B	LACEANDDATEOFD				LOCATION -						
	1 Suriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	Ga	ery, cremetory or other parrison	Fore	st Vet.	Cem	Owing	e Mi	lls. MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		. 1	22. NAME	ANO ADDRESS OF FAC	PILITY							
	XIWW.	J. Klu	ett	上氏なり	Y O. DYE	TT & S	ON FU	NERA	L HOME				
	23. PART/I. Enter the diseases, or comp	licetions that caused t	the deeth. Do not	enter the n	node of dyling, such	aa cardiac or n	epiratory an	reet,	21207 Approximata				
İ	IMMEDIATE CAUSE (Finel	only one cause on éac	h line.						Interval Between Onset and Death				
	oue to (or as a consequence of): Sequentially list conditions. b. Or Ghary Heart Disease YVS, OUE TO (or as a consequence of): YVS, Sequentially list conditions.												
NO	Sequentially list conditions, b.	DUE 70 (00 10 10 10	Orona	M	to la	sclero	505		745.				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):	0									
잂	CAUSE (Disease or Injury C. —	DUE TO (OR AS A C	ONSEQUENCE OF):										
E	resulting in death) LAST												
	PART II. Other significant conditions co	atributing to death but		and the									
DICAL		Bungss	S 1 CC	te underly	ing cause given in		AN AUTOPSY FORMEO?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
	Coronary	0400)	000.9	ny	02.07-	1 TYE	2 NO		COMPLETION OF CAUSE OF DEATH?				
Σ						_	r		1 - YES 2 NO				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF OEATH (Che	ck only one)							
Sic		SPITAL: Inpetient 2 - ER/Outpeti		HER:	ome 5 Residence								
ᅔ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. I	NJURY AT YORK?	28d. OESCRIBE HO	W INJURY OC	CUREO					
<u>M</u>	Natural 5 Pending Accident Investigation				YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify,	At home, farm, stree	t, lactory, of	lce	261. LOCATION (Str. City or Town, S	set and Number late)	or Rural Ro	ute Number,				
Ē,													
COMPLETED		To the best of my knowled											
် ဂြ	# MEDICAL EXAMINER: On	The beals of examination a	ind/or investigation, in	my opinion	death occured at the t	lime, data and place	, and dua to th	e cause(s)	and manner as stated.				
B	296. SIGNATURE AND THE OF CENTIFIER	20.x	<u> </u>		29c. LICENSE NUM	BER	29d. DAT	E SIGNED	Month, Day, Year)				
2	Megler of	tus			1 1)23	045	10	3-1-	7-93				
	38. NAME AND ADDRESS OF PERSON WHO CO	WPLETED CAUSE OF DEATH		fe P	d errei	r. Trus	ion 21	204	- WH				
	31. DATE FILED MARK 18 1993	32. REGISTRAR'S SIGNATI	URE			10.00							
	0.000.000		T	_									



Maryland

1993

9c. COUNTY OF DEATH

USA

Homemaking

24s. WAS AN AUTOPSY

1 YES 2 NO

PERFORMEO?

Harford

10g, CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

7:30 AM

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 - YES 2/ NO

White

REG. NO 2. DATE OF DEATH DAY

16

MONTH 3

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 214-20-4865 1 🗌 M 2 🕠 F DAYS HOURS 101 12-28-1891 for use as the burial-transit permit. Pages 1. 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Fallston 2113 Bellvale Rd. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Fallston Maryland Harford FUNERAL 2115 Berrala Rd. 101. ZIP CODE 21047 in Trouping' or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married В IF YES, GIVE WAR OR DATES 3[™] Widowed 4 □ Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 4th grade once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clifton T. Burton notified at Georgianna Dawson BE hours after death. Page 6 may be retained funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 2113 Bellvale Rd. Fallston, Md. 21047 Mrs. June B. Shaver 9 20a. METHOD OF DISPOSITION
1 D Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Jarrettsville Cemetery 3/18/93 4 Donation 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassehn Luxerel E. F. Lassahn Funeral Home Vam E the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. 11750 Belair Rd. Kingsville medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heert feilure. List only one cause on each line. IMMEDIATE CAUSE (Final the CV Lb KO VS W SY
TO (OR AS A CONSEQUENCE OF): Previous disease or condition DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic MEDICAL CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST has been signed by the attente Dept. of Health and Mental Fin 23 shows any injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: th the State De d, or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Hasidence 8 | Other (Specify) 1 | YES 2 | MG 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with 1 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural DIRECTOR: After the hours after death with them 28 is mark 1 YES 2 NO B 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER
(Check only one)

Approximate the person of the cause (a) and manner as stated. TO THE FUNERAL (be filed within 72 h IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITALE OF CERTIFIER BE 29c. LICENSE NUMBER 불분별 23 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

1993

Alia Saindry Randell

n

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

B. KING

20c. LOCATION - City or Town, State Harford County, Md. Approximate interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, 6-William A. Tyson M.D. Bradshaw & Silver Spring Rd. Kingsville, Md. 21087 (592-910) DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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ENDING	IR: After	er death
OR ATT	DIRECTO	hours af

		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		IENTAL HYGIEN REG. NO.	E	0,01.			
		1. DECEDENT'S NAME (First, Middle, Last)	l. la	VQ	AKE		2. DATE OF DEATH DATE OF STATE	S G	3. TIME OF DEATH			
P		4. SOCIAL SECURITY (LUMBER 212-10-6152A	1 🔀 M 2 🗆 F 78	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MM.	7. DATE OF BIRTH (Morith, Day, Year) 1-25-1914	. 0	HRTHPLACE (State or Foreign country) ORGIA			
2, 3 should	стоя	9a. FACILITY NAME (If not institution, give st ANNE ARUNDEL COUN		OSPITAL	ANNAPO	OR LOCATION OF DEA	ATH	ANNE	ARUNDEL			
Pages 1,	DIREC	10a. STATE 10b. COUNTY MARYLAND ANNE	ARUNDEL		Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
sit permit.	AL.	10e. STREET AND NUMBER 847 PAT LANE	THOUBE	AIN		of. ZIP CODE			OF WHAT COUNTRY?			
215-0020 attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR DR D	2 NO	If yes, t	21012 ECENDENT OF HISPANI appecify Cuban, Mexican ES 2 NO Specify:		1 8	eRACE — American Indian, Black, White, etc. Specify: WHITE			
D 21 spital or ed for u	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) SUPERVISER 16b. KIND OF BUSINESS/INDUSTRY DOMINO SUGAR										
be det	BE COI	17. FATHER'S NAME (First, Middle, Lust) MYNARD E. LAI	ΚE			NELLIE	IE (First, Middle, Maiden CLEMENT					
, MA be retain se 5 sho e notifi	101	19a. INFORMANT'S NAME (Type/Print) SHIRLEY M. LAKE		847 P.	AT LANE	, ARNOLD,		21012				
Page 6 may all director, page nest by		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LIC	ovel from State cen	netary, crematory or on EADOWRID	ther placa) GE MEMO	RIAL PARK	3/19 ELK	RIDGE,	MARYLAND			
SALII r death. P re funeral al. examin		21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1. SECOND AVE., S.W., GLEN BURNIE, MD.21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
y filled in by titled or remote the medical		23. PÄRT I. Enter the diseases, or c shock, or heert feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	list only one ceuse on e	ech line.	OF	,	as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death			
A b8/t e executed in and com to burial, umatic ex	NOIT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	0	A CONSEQUENCE D								
th certificate ending physical Hygiene por other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE O	NSEDUENCE OF):							
signed by the displaying signed by the Health and Me	MEDICAL C	PART II. Other algnificant conditions	s contributing to death b	out not resulting	in the underlyl	ng cause given in F	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN: The law requi	AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Chec	ck only one)		10.129.79.10			
SICIAN: The certificate he the State he in the State he is the state he is the	IYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	NOSPITAL:			rme 5 - Residence 8						
Te with the C	ВУ РНҮ	1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)		M 1	YES 2 NO	28d. DESCRIBE HOW II					
OF ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, i	itreet, factory, off	ice	281. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,			
로 보고 함	COMPL	one)	CIAN: To the best of my know R: On the basis of examination						use(a) and manner as stated.			
TO THE HOSPI TO THE FUNEF THE FINEF THE WITHING	TO BE	SIGNATURE AND TITLE OF GERTIFIER LUCY LU	nulsuo			29c. LICENSE NUM	S 8	29d. DATE SIG	NED (Month, Day, Year)			
(Z)		Struct E. Sel	onid, un.O	, 900	Bestgat	e Rd. A	nnapolis	Mid.	21401			
		31. DATE FILMAR 01 10 1993	32 NEGRITANIS SIGN	ATURE TO THE SECOND	1							

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93-1040-510
ITEMS: 23 PART I,27,28a,b,c,d,e,f PER MEO G-697 3/18/93 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 03 02^{DAY} 93 VINCENT EDWARD LEWIS 7:10 P_{M} 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 10-16-1962 HOURS 1 💢 M 2 🗌 F MD 190-56-1883 30 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3825 BOARMAN AVENUE BALTIMORE RESIDENCE OF DECEDENT 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE IXXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3825 BOARMAN AVE. 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 XNO Specify: IF YES, GIVE WAR OR DATES В Specify: 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ERNEST A. LEWIS MARY WILLIAMS BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY LEWIS 3825 BOARMAN AVE. BALTO. MD 99 20a, METHOD OF DISPOSITION

1 A Buriet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Arbutus Memorial Park 4 Donation 5 Other (Specify) 3893 Arbutus, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME-WEST MD 21215 medicai 23. PART I. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, auch as cerdiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each line, Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition the attending physician and completely in mal Hygiene prior to burial, cremation resulting in death) . ACUTE NARCOTIC AND COCAINE INTOXICATION event. **MIVISION OF VITAL RECORDS, P.O. BOX 68760,** traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST The attend PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO 1 YES 2 NO has been Dept. of 1 1 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL ä 26. PLACE OF DEATH (Check only one) the State HOSPITAL: OTHER: 1 TYES 2 NO OR ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 1 N Residence 8 □ Other (Specify) ö 27. MANNER OF DEATH FOUND M 28s. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED All W FOUND: 3/2/9 1 Netural 1 YES X NO After 1 BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3825 BOARMAN AVE. 3 Suicide 6 (Could not be DIRECTOR: hours after Item 28 is 4 Homicide COMPLET 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE PUNEDAL OF SERVICE OF SERVICE AND PROPERTY. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITYE) OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) hute mo 03/03/93 2 O.C.M.E. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. PATE FILED (Month, Day, Year)
MAR 1 8 1993 32. REGISTRAR'S SIGNATURE Savidson Mandell

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN								
1. DECEDENT'S NAME (First, Middle, Las	1. DECEDENT'S NAME (First, Middle, Lest) Josephine M. Livingston 2. Date of Death Month DAY YEAR 03 11 1993 application											
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. last birthday)	7. DATE OF BIRTH	6	BIRTHPLACE (S Country)							
213-03-3627 9e. FACILITY NAME (If not institution, give		O YRS.	THE DAYS HOURS MIN.	(Month, Day, Year) 05/27/			ecticu					
Deaton Medic	cal Center		Baltimore	ity								
RESIDENCE OF DECEDENT 10e. STATE 10b. COU	ITY	10c. CITY, T	OWN OR LOCATION			10d. INS	IDE CITY					
	City		Baltimo	ce			IT\$? S 2 🗌 NO					
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT COU	NTRY?					
3644 Keysto	12 WAS DECEDENT EVER IN	U.S. ARMED	21211 U.S.A. RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No									
1 Never Merried 2 Merried 3 Widowed 4 Myvorced	FORCES? 1 YES	X XXX	If yes, specify Cuben, Maxid 1 ☐ YES 2 NO Spec	cen, Puerto Rican, etc.)	? (Specify Yee or No— 14. RACE — American Indien, Ican, etc.) 14. RACE — American Indien, Black, White, etc. Specify: White							
I5. DECEDENT'S E (Specify only highest gri	de completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BU	SINESS/INDUS	STRY						
Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	Homema										
17. FATNER'S NAME (First, Middle, Last)	Surname)	10)										
Salvatore Perrerra Concetta Perrerra 190. INFORMANT'S NAME (Type/Print) 190. MAILINO ADDRESS (Street and Number of Parls Route Number City or Favor State To Conte												
196. INFORMANT'S NAME (Type/Print) Elizabeth Shields 19b. MAJLINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21211 3653 Malden Avenue Balto, MD												
20a. METHOD OF DISPOSITION Y TO Barriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of commeter), crematory or other place) HOLY Redeemer Cemtery 3/13 Balto, Md												
21. SIGNATURE OF FUNERAL SERVICE	Marsi	the deeth Do not	22. NAME AND ADDRESS OF F	Burgee Rd. Bal	-Hens	s Fune	211					
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF): Approximate interval Between Onset and Death Onset and Death												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST												
PART II. Other significent conditi	ons contributing to death bu	it not resulting in ti	ne underlying ceues given is	Part i. 24a, WAS AN	ALTTOREY	Date were all	TORAL FILIPLIA					
	ANEMIA		o distribution of the control of the	PERFOR	PMED?	AVAILABLE COMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO TON OF CAUSE 17 2 2 2					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. PLACE OF DEATN (C	heck only one)			(
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outpa 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 26c. INJURY AT WORK? M I YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUP	RED						
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e, PLACE OF INJURY	At home, farm, stree		28f. LOCATION (Street of City or Town, Stete)	and Number or	er Or Rural Route Number,						
	SICIAN: To the best of my knowle NER: On the bests of examination						ner ee stated.					
29b. SIGNATURE AND TITLE OF CERTIF	el A	1	29c. LICENSE NU		29d. DATE S	IGNED (Month, De	ay, Year)					

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FLETED CAUSE OF BEATH (ITEM 27) (Type, Print)

Jeffery 302 Gabe Greenspring Station Lutherville, Md 32. REGISTRAR'S SIGNATURE

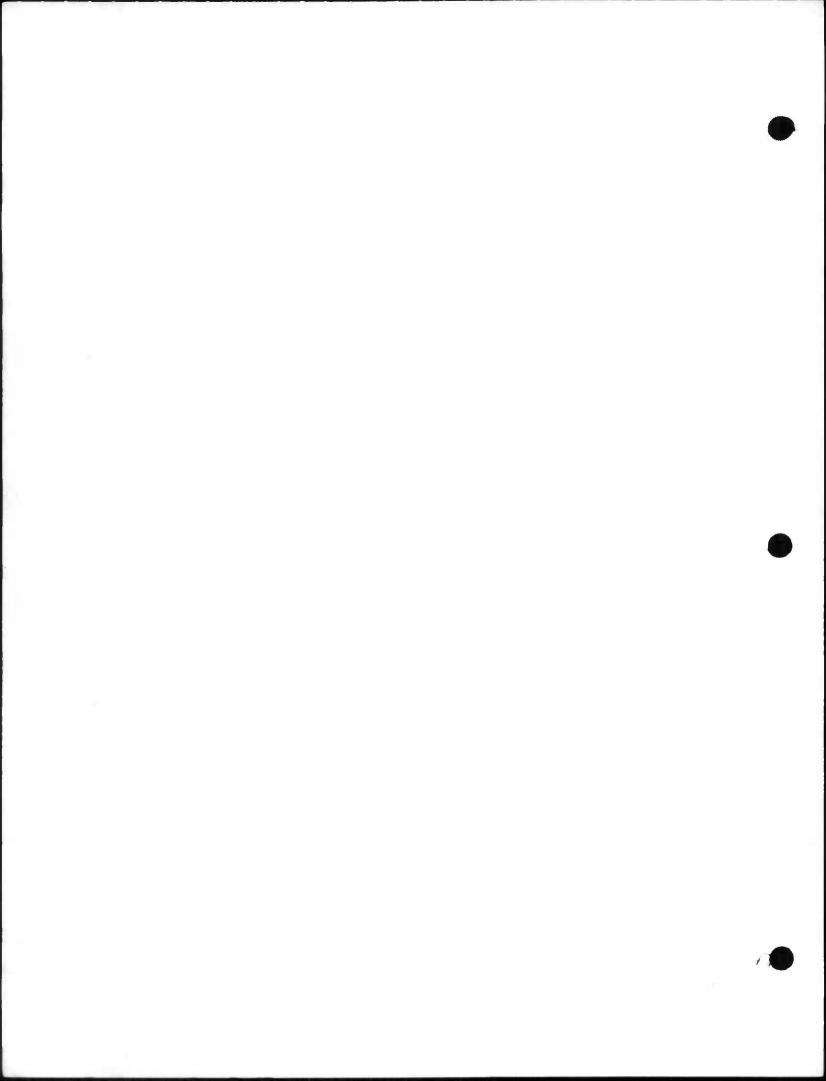
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	FOR
_	STATE
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR		CE	ERTIF	ICATE	OF I	DEAT	H	ILIVIAL.	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O				3. TIME OF DEATH
ě	William Edward	Lumpkin.	Sr.						MONTH 3	15	10	93	M
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t hirthday)	IF UNDER	VEAD	IF UNDER	14 MDC	7. DATE O		10		IPLACE (State or Foreign
1	216-01-2115	X № 2 □ F	82	YRS.	MONTHS		HOURS	MIN.	10-	20-19	10	VI	GINIA
	9a. FACILITY NAME (If not institution, give .	street end number)			9b. CITY,	TOWN OR	LOCATIO	N OF DE	ATH		9c. CO	UNTY OF D	EATH
DIRECTOR	6041 Loreley Beac	h Rd.			Whit	e Ma	rsh				Ba	ltimo	ore
l m	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY	
1 2	Maryland Ba	ltimore			Whit	e Mai	rsh						LIMITS?
	10e. STREET AND NUMBER						ZIP COOE				10a, Cl	TIZEN OF V	WHAT COUNTRY?
FUNERAL	6041 Loreley Beac	h Rd					21	162			100	USA	
S	11. MARITAL STATUS		T EVER IN U.S. ARI	MED	13. V	WAS DECEN			IC OBIGINS	(Specify Yes			- American Indian,
BY FI	1 Never Married 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	YES 2XXN	2/NO If yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 1 YES 2 NO Specify: Specify:					White				
8	15. DECEDENT'S EDU	ICATION	16a. DE	CEDENT'S	USUAL OC	CUPATION			16b. I	(IND OF BUS	INESS/IN		
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	-)		work done d se retired.)			7					
COMPLETED	7th grade		· As	ssem	bly W	orke:	r		Ge	neral	Mtr	s. Co	orp.
ON	17. FATHER'S NAME (First, Middle, Last)					1	18. MOTH	ER'S NAM	AE (First, Mi	ddle, Maiden S	Sumame)		
BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	AOORESS	(Street and	d Number	or Rural A	loute Numbe	r, City or Town	. State. Z	in Code)	
5	William E. Lumpki	n .lr								, Md.			
	20, METHOD OF DISPOSITION		20b. PLACE A							20c. LOC			wa Pteto
	1 🖄 Buriel 2 🗆 Cremetion 3 🗀 Rem 4 🗆 Donation S 🗆 Other (Specify)	noval from State	Cemetery crer	matory or o	ther place).	th C	om Om	3_18	3-93	Roll t	- imo	TO A	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE \	_ Toar del	13 0.	22 8	AME AND	ADDRES	e oe eac	M CTV		CTIIIO	16, 1	lai y Lailu
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home 7401 Belair Rd. Balto., Md. 21236											36	
	23. PART I. Entar the diseases, or	complications tha	t caused the day	ath. Do i									Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	Noma Mona (OR AS A CONSEC	•						•		,	Interval Between Onset and Death
	resulting in educity	DUE TO	(OR AS A CONSEC	PENCE D	F):								
Z	Segmentially list and distant	b											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
5	CAUSE (Disease or Injury	с											
월	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	NUENCE O	F):								
띪	resulting in death) EAST	d											
2	PART II. Other significant condition	ns contributing to	death but not re	esulting	In the unc	lariving (Cause o	van In E	Part I	4a. WAS AN	ALITOREV	245	WERE AUTOPSY FINDINGS
DICAL		200000000000000000000000000000000000000				-uniying v	oudoe g	Va. 1		PERFORI	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
G							_		-	YES 2	□ NO		OF DEATH?
Σ													1 TYES 2 NO
N N													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF OE	ATH (Che	ck only one)				
ΥS	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA			Ras	idence f	5 🗆 Other (Specify)			
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	E OF	28c. INJUR WORK	RY AT		28d. DESC	RIBE HOW IN	JURY O	CCURED	
BY	1 Natural S Pending 2 Accident Investigation				M	1 YE	S 2 🗌	NO					
03	3 Suicide S Could not be	28e. PLACE O building.	F INJURY — At hor atc. (Specify)	ne, farm,	street, facto	ry, office				ION (Street ar Town, State)	nd Numbe	er or Aural A	oute Number,
	4 Homicide determined								Only or	.omi, otate)			
ا يّا ا	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, des	th occur	ed at the tir	ne date er	nd place	and due t	to the course	v(a) and man		ete d	
COMPLET) end menner as stated.
	296. SIGNATURE AND THEE OF CERTIFIE				, т, ор					piece, e/id			
H	THE STUMP OF CHANGE	111.11	4. 6			2	29c. LICEI	VSE NUMI	BER		29d. DA	TE SIGNEO	(Month, gey, Year)
0	Chin M	Music	m>				V .	707	710			2/16	112
	Dr. Liya Pfeffer	Fuller Me	edical G	roup	-691	8 Ri	dge	Rd.	Balt	o., Mo	d. (687-4	1400)
_ I			R'S SIGNATURE										

bee exacted for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be required that the national physician and completely filled in by the funeral diverse comparation or manding physician and completely filled in by the funeral diverse comparation to use as the burnt transpectation. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diverse comparation to the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If tem 28 is marked, or lifem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with the control of the	IMPORTANT: If Item 28 is marke	

	FOR STATE REGISTRAR		STATE OF N			RTMENT (YGIEN EG. NO.	_	93	07315
	1. DECEDENT'S NAME (First	, Middle, Last)	Emilie	Mary	Melka	a				2. DATE OF MONTH	DEATH DA		YEAR 993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218 36 10		5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 Y	EAR MYS	IF UNDER	24 HRS. MIN.	7. DATE OF I (Month, De 9/25	BIRTH ly, Ybar)		8. BIRTH Country	·
R	90. FACILITY NAME (If not in 7701 Mic					96. CITY, TO			ON OF DE		/ 190.	9c. COU	NTY OF D	choslovakia EATH Cundel
FUNERAL DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	TY, TOWN OR	LOCAT	ION			-		T	10d. INSIDE CITY
PIR	Maryland		e Arunde	1	Pa	asaden	-	11111						LIMITS? 1 YES 2 NO
ERAI	100. STREET AND NUMBER 7701 Midw		nue				101	ZIP CODE 211					J.S.A	HAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If y	es, sp	ENDENT Cobs	n, Mexica	IIC ORIGIN? (S n, Puerto Ricar	pecify Yes n, etc.)			— American Indian, , White, etc.
D BY	3 🔀 Widowed 4 🗌 Divo	EDENT'S EDUC	CATION	16a F	ECEDENT'S	USUAL OCCI					IO OE BUK	SINESS/INC		White
COMPLETED	(Specify online Elementary/Secondary (C	y highest grade	completed) College (1-4 or 5 -	.)	'Give kind of fe. Do NOT u	work done duri ise retired.)	ing mo	st of workin	9				JUSTRY	
BE CON	2 years Registered Nurse Hospital 17. FATHER'S NAME (First, Middle, Lest) Anton Matysek Johanna Prokop													
TO B	Genevieve			7695	a ADDRESS (S Midway	itreet a	nd Number Venue	or Rural F	Pasad				d 21122	
	20a. METHOD OF DISPOSIT 1 ☑ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other			of disposition of their place)			у	3/18	ŀ		City or To	wn, State Maryland		
	21. SIGNATURE OF FUNERA		-20	nec		Geo 400	org	Ritch	Gond	ce Fun Hwy.	eral Balt	Home	e P.A	A.
	23. PART I. Enter the disease or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Couse full Faul forms.													
LIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
CERTIFIC	CAUSE (Disease or injuthat initiated events resulting in death) LAS	т	DOE TO	(OR AS A CONS	EOUENCE O	OF):								
PHYSICIAN: MEDICAL	PART II. Other significa	Mi'/		death but not De gen	-	In the under	erlying	Ceuse (jiven in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	AN .		OTHER:				sek only one)		-		
	1 YES 2 NO 27. MANNEB OF DEATH 1 Netural 5	ER/Outpatient INJURY ay, Year)	28b. TIA	ME OF 26	ic. INJ	URY AT		8 Other (Sp 28d. DESCRI		NJURY OC	CURED			
TED BY	2 Accident 3 Suicide 6 4 Homicide	28e. PLACE O building,	F INJURY — At I atc. (Specify)	nome, ferm,			res 2	NO	261. LOCATIO City or To	N (Street a wn, State)	and Numbe	r or Rural R	loute Number,	
COMPLETED	000)		CIAN: To the beat of R: On the basis of a) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30, NAME AND ADDRESS OF PERSON WIND COMPLETED GALISE OF DEATH (ITEM 27) (King, Print)													

		14 10 1100		1 _ YES 2 _ NO	OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:								
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUP	RED				
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At I building, atc. (Specify)	home, ferm, street, fac	ctory, office	261. LOCATION (Street and Number or City or Town, State)	Rural Route Number,				

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Magn. Day, Year)
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PLETER CAUSE OF DEATH (ITEM 27) (Type, Print)

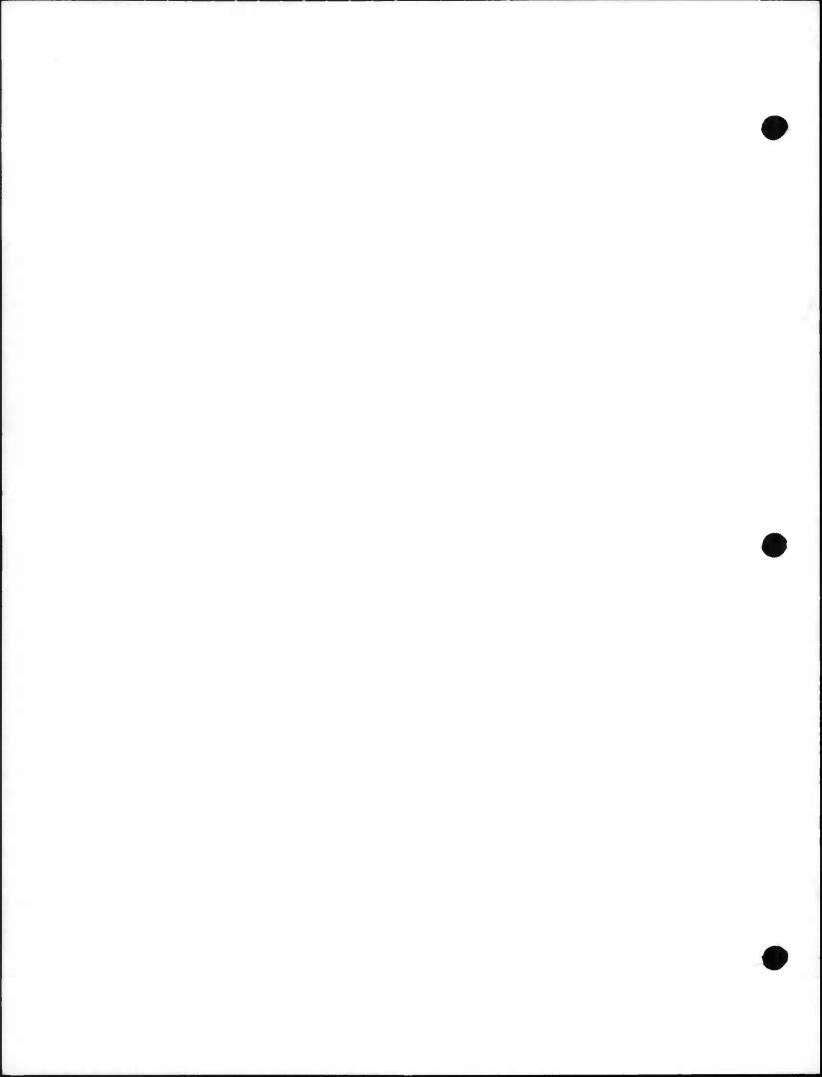
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he find within 72 hours after death with the State Person of Health and Mental Housen point in burial committee or removal	MORTANT. If Item 28 is marked or Item 23 shows any Inliny or that trainmails event the madrial eventues he matting or one-
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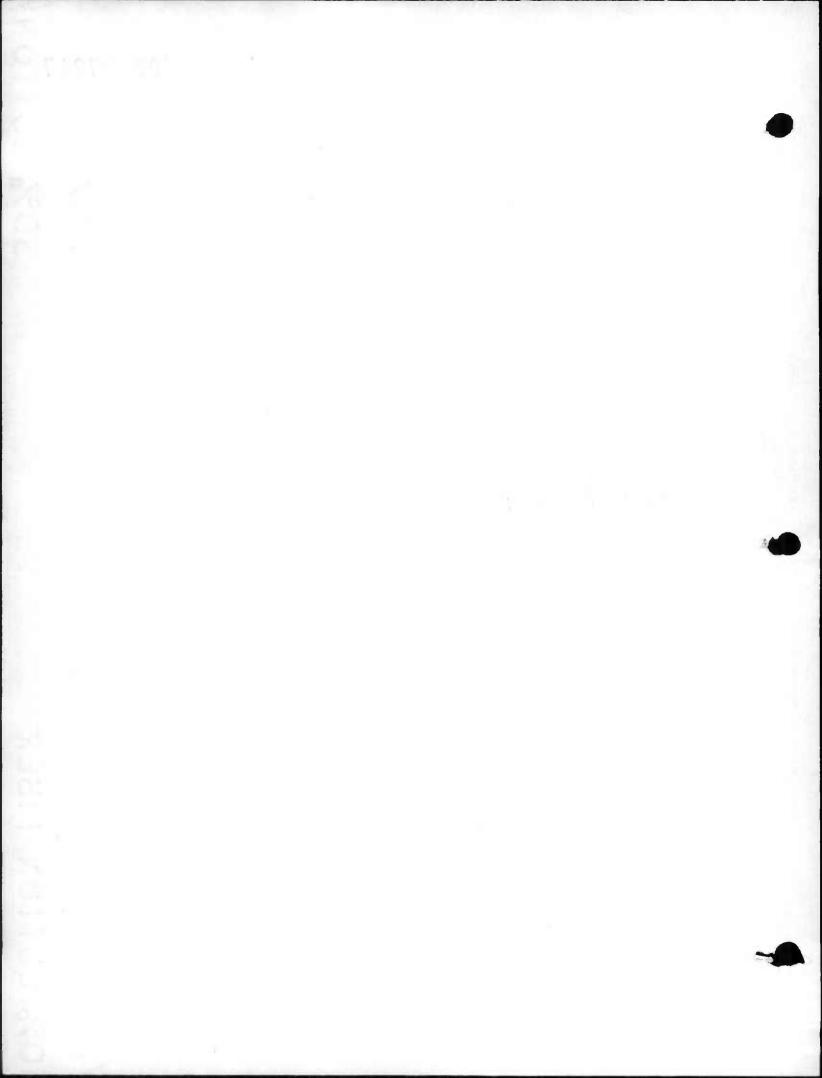
	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
1	1. DECEDENT'S NAME (First, Middle, Last)	Mali	· shelv	k	2. DATE OF DEATH MONTH DA	2 9	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 193-16-9717	5, SEX 8. AGE	(In yrs. last birthday) IF WON	THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/7/192	, a	IRTHPLACE (State or Foreign ountry)
A.	9a. FACILITY NAME (If not institution, give of	h HOS D	ital 90.	CITY, TOWN OR LOCATION OF D		9c. COUNTY C	ennsylvania Groeath imore Co.
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		Daio	10d. INSIDE CITY
	PA Luze	rne	Han	over Town	ship	10a, CITIZEN	1 YES 2 NO
FUNERAL	19 Ha	19 Haefele Street				U.S	. A .
BY	1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D. WWII	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUK (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	tone during most of working	16b. KIND OF BUS	INESS/INDUSTR	IY .
OMPL	17. FATHER'S NAME (First, Middle, Last)		Steam		Plum		
BE CC	PARAMETER STATE OF THE STATE OF	lishchak		Mar	AME (First, Middle, Maiden : V Maslan		
TO B	19a. INFORMANT'S NAME (Type/Print)		I .	RESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code	
	John Malishc			Sanlee Rd.			
	20e METHOD OF DISPOSITION 12 Surial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State Gen	netery, cremetory or other poor of the poo	sfiguration	3/17 Na	nticol	ce, PA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,	22. NAME AND ADDRESS OF F	ss Funera	1 Home	2
	Jum Du	iger Ne	nss	3631 Falls	Road, Ba	lto. N	
NO	23. PART I. Enter the diseases, or cahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A	ech line.	ocular du		atory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	·	A CONSEQUENCE OF):				
N: MEDICAL	PART II. Other algoriticant condition CONNAVY	. 1 /	out not resulting in the	e underlying cause given in	Part I. 24a. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (C	heck only one)		
HXS	1 YES 2 NWD 27. MANNER OF DEATH	28s. DATE OF INJURY		Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW IN	LINEY OCCURE	n
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO		NO. IT COUNTY	
G	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, street	, factory, office	281. LOCATION (Street a City or Town, State)	nd Number or Ru	iral Route Number,
COMPLET				the time, date and place, and du- my opinion, death occured at the			se(s) and manner as stated.
TO BE C	295. SIGNATURE AND TITLE OF CERTIFIER	Barock	e us	29c. LICENSE NU	MBER TYY	29d. DAYE SIG	NED (Month, Day, Year)
	60. NAME AND YDDRESS OF PERSON WHI	T. Tosed	(5/105	p. Tou	oson N	90	2/204
	31. DATE FILED (Month, Day, Year) MAR 1 8 1993	32. REGISTRAR'S SIGN	ATURE PANDARS				



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r death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal	nedical
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Crema	umatic event, the medica
to buria	matic
prior	injury, or other traumatic
lygiene	othe
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Dept.	23
State	Item
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death	is marked
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									3. TIME OF DEATH				
	Lizzie N	oakes								Ma:	rch I	13 19	993	9:05 A M
	4. SOCIAL SECURITY NUME	BER	5. SEX	5. AGE (In yrs. les	st birthday)			IF UNDER		7. DATE	OF BIRTH		6. BIRTHE	PLACE (State or Foreign
	579-14-5691		1 🗌 M 2 🖺 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	1, 1	908		
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D				NTY OF DE	
TOR	Presidential Woods Nursing 1801 Metzerott Rd I								P.	G.				
EC	106. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								-	100			10d. INSIDE CITY LIMITS?	
ä	Ма	d P.G Silver Spring											1 YES 2 NO	
AL		e. STREET AND NUMBER 101, ZIP CODE									10g. CIT	IZEN OF W	HAT COUNTRY?	
E	9726 Hed	in Dr						209	903			US	'A	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR OATES						If yes, sp		n, Mexic	an, Puerto	i? (Specify Y Rican, etc.)	ee or No—	14. RACE Black, Specif	— American Indian, White, stc.
	3 Widowed 4 Dive	orced		011 041 20			1 120	2 X NO	Speci	, NO			Specif	Black
COMPLETED	15. OEC (Specify onl	EDENT'S EOU	CATION completed)	(G	CEDENT'S	work done	CCUPATIO	ON at of workli	ng	16b	KIND OF B	USINESS/IN	DUSTRY	SVE N
	Elementary/Secondary (t	0-12)	College (1-4 or 5	+) //fe	. Do NOT u	se retired.)								
MP	5			Hon	nemak	er						lome		
8	17. FATHER'S NAME (First, M	77						4.5 0.50			Middle, Meide		(April	
BE	Will Noa										ayton			
2	19e. INFORMANT'S NAME (ber, City or To			
-	Warren Har			9	726	Hedi	n Dr	., S	ilve	er Sp	ring,	Md.	209	03
	29g METHOD OF DISPOSIT 4 Donation 5 Other	TON on 3 □ Rem	oval from State	20b. PLACE other pi	(ace)							OCATION -		
	4 Donation 5 Dilies	(Specify) Du	IIal	Shiloh	1 Bap	t. C	h. (em.			Woo	dvill	e, Va	a
	21. SIGNATURE OF FUNERA	L SERVICE LIC	AHSEE /		1									me, Inc.
	Makoli	11/16	wer ich	me/		89	14 (uarr	у Ко	d., M	anass	as, V	a. :	22110
	23. PART I. Enter the d	lisantes, or e	complications the	at caused the de	ath. Do	not anter	tha mo	de of dy	ing, su	ch ae cen	diac or res	piratory ar	rest,	Approximate
	SNOCK, DE N		List Dnly one car	use Dn asch line	h.									Onset and Desth
	disease or condition		. n		Fai	lur	е							- COMPANIE - I
	resulting in death)		- Respi	COR AS A CONSE	OUENCE C	OF):								
z			Meta	static	Car	cer	to	Lun	es					
2	Sequentially list condit if any, laeding to imme		DUE TO	(OR AS A CONSE	OUENCE C	F):			0					
S	cause, Enter UNDERLY CAUSE (Disease or Inju		c. Esop	hageal	Car	cer								
E	that initiated events		DUE TO	(OR AS A CONSE	OUENCE C	F):								
EBI	reculting in death) LAS	T	d											
MEDICAL CERTIFICATION	PART II. Other significa	ent condition	s contributing to	death but not	resulting	In the w	nderivia	0.00000	alves is	Dort I	240 WMR 4	AN AUTOPSY	246	WERE AUTOPSY FINDINGS
N. S	<u> </u>			destil but liot	i veditiliy	m the u	iluo-iyiii	g cause	Aiseii ii	ratt t.		ORMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă				·							1 TYES	2 (XNO		OF DEATH?
_														1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDION												
2	EXAMINER?	OMEDICAL	HOSPITAL:			OTHE	R:			heck only o		·		
ΙλS	1 YES 2 XNO			ER/Outputient	28b. TII				seldence	6 Oth				
	-37	Pending	28a. DATE Of (Month, I	Day, Year)		JURY M	W	DRK?	7	26d, DE	SCRIBE HOV	VINJURY OC	CURED	
BY	2 Accident	Investigation	00 - 51 405	0F 101 101 101 101 101 101 101 101 101 1				YES 2 [NO	-				US March 1
8	3 Suicide 6 4 Homicide	Could not be determined	building	OF INJURY — At he etc. (Specify)	ome, term,	street, Tac	tory, offic			26f, LOC City	or Town, Sta	et and Numbe te)	or or Runal R	oute Number,
COMPLETED		CONTROL OF THE PARTY OF THE PAR												
집		TIFYING PHYS	CIAN: To the bast o	f my knowledge, de	eath occur	red at the	time, date	end place	, end du	e to the ca	use(e) end m	enner as st	sted.	
S	one) 2 MED	ICAL EXAMINE	R: On the basis of	examination end/or	Investigati	on, in my	opinion, o	death occu	red at the	e time, date	and place,	and due to t	the cause(a)	and manner as stated.
ш	296. SIGNATURE AND TITLE								ENSE NU			29d. DA	TE SIGNED	(Month, Day, Year)
9 0	Janza	U. X	nes n	20				D3	011	1		► M	arch	13 1993
2	30. NAME AND ADDRESS O													
	Gary W.	Jone				85	Lau	rel	Md	2072	2.5			
	31. DATE FILED (Month, Day,	Year)	22 MEGISTIN	AR'S SIGNATURE	1.40	a V								
	MAR 1	1993	gwant	entition-No	Abrelle									



X 68760, BALTIMORE, MARYLAND 21215-0020	executed within 24 nours after death. Page 6 may be retained by the hospit.	n and completely filled in by the funeral director, page 5 should be detached to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

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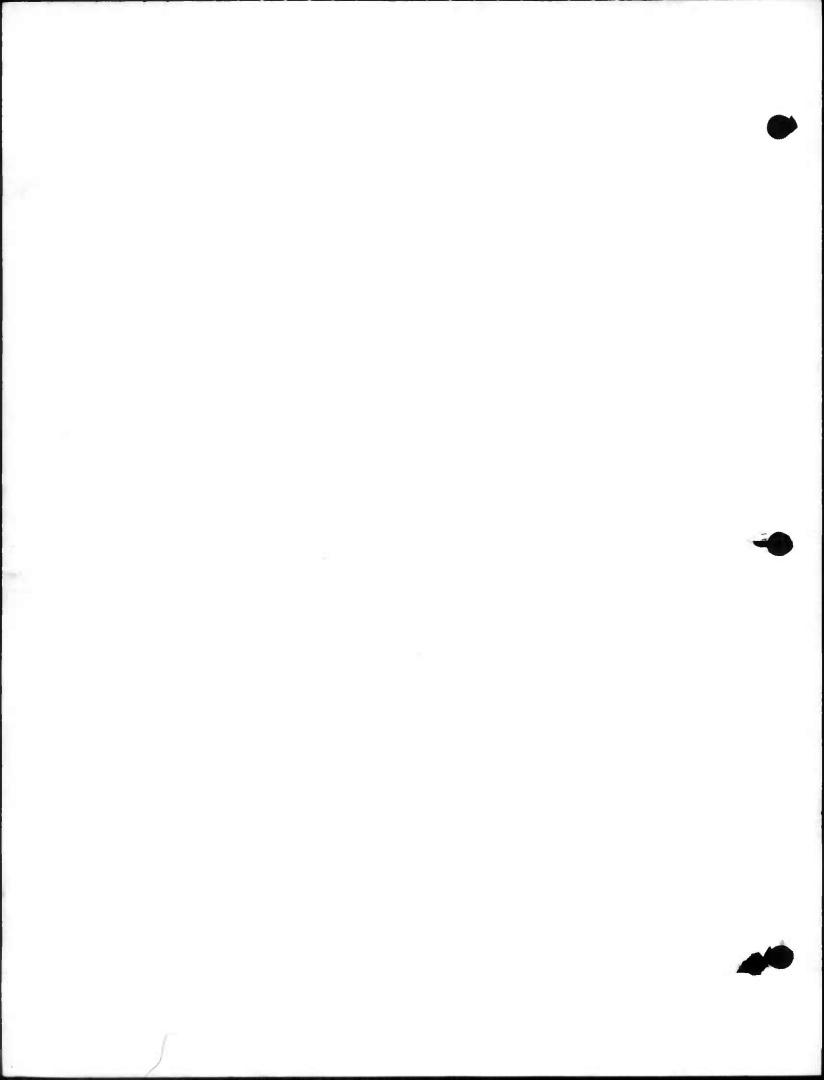
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32. REGISTAR'S SIGNATURE

ermit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	ITMENT O	F HEALTH AND	MENTAL HYGIE!		07318	
	1. DECEDENT'S NAME (First, Middle, Last)	ot E Ob	1 -					3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	et E. Oh	(In yrs. lest birthday)		Delinentende	03/12/9		M	
	216 14 8896	1 🗆 M 2 🔀 F	69 YRS.		AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/1/19		BIRTHPLACE (State or Foreign Country) Maryland	
6	9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT								
CTO	Greater Baltin	Balt	imore Co.						
DIRECTOR	10a. STATE 10b. COUNT Maryland	Y ==	10c. CIT	y, town on L Ball	ocation timore			10d, INSIDE CITY LIMITS? 11X YES 2 NO	
4	10e. STREET AND NUMBER			Dul	10f. ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?	
FUNERAL		24th Str			21211			.S.A.	
12	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISPAI s, specify Cuban, Mexics	NIC ORIGIN? (Specify Ye		I. RACE — American Indian, Black, White, etc.	
B≺	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES ANO Specif			Specify: White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BU	ISINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			ig most of working				
MP I	6		Custod	ial c	are	Balti	more	City	
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Sumame)		
BE	Thoma	as Farley			Flor	ence Mi	ller		
10 E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)	
-	Barbara Raub	Karner	7953	Pipe	rs Path,	Glen Bu	rnie,	MD 21061	
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Ram 4 Donation 5 Quher (Specify)		b. PLACE AND DATE	OF DISPOSITIO	N (Name of	DATE 20c. LC	OCATION — CIT	y or Town, State	
	21. SIGNATURE OF FEMERAL SERVICE LIC	CENSEE	Mt. Zi		Metery JE AND ADDRESS OF FA	3/1B F	reela	nd Md.	
	· Hum	Bissage S	Xlon ss.	Bu 36	rgee-Hen	ss Funer	alto.	Md. 21211	
	23. PART i. Enter the diseases, or o	complications that cause	d the death. Do r	not antar the	moda of dying, suc	h as cardiac or resp	iratory arres	t, Approximata	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	iach iina.	EDTI	C Short	0		intarvai Between Onset and Death	
4		DUE TO (OR AS	A CONSEQUENCE OF	F):	1				
NO	Sequentially list conditions,	b. DUF TO (OR AS	A CONSEQUENCE OF	44	Masta	mases.			
1 X	if any, leading to immediate cause. Enter UNDERLYING	502 10 (011 75)	A CONSCOURNCE OF		Colos	1 00	11	84	
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):	COLUM	1 ICES	LUI(
CERTIFICATION	resulting in death) LAST	d							
	PART il. Other eignificant condition	s contributing to death I	out not resulting	n the under	lying cause given in	Part I 240 Mag as	AUTOBOV	Ada MERE MERONA EMPIRE	
MEDICA					.,g caoca gitton in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
						1 🗆 YES :	NO D	OF DEATH?	
								1 TES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL								
S S	EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (Ch	eck only one)			
ı∡s	1 TYES 2 1 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	- 2.7	-	Home 5 Rasidence	6 Other (Specify)			
у РНУ	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED	
D BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, s			28f. LOCATION (Street		Rural Route Number,	
ETE	4 Homicide determined	analig, etc. jopo				City or Town, State,			
COMPL		CIAN: To the best of my know							
8				ii, iii my opinic	on, death occured at the	time, data and place, ar	nd due to the c	ause(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Contract /	sef		29c. LICENSE NUN	16ER 7	29d, DATE S	IGNED (Month, Day, Year)	
101		/V/	7		-101	(V)			

DHMH-16 Rev 1/89

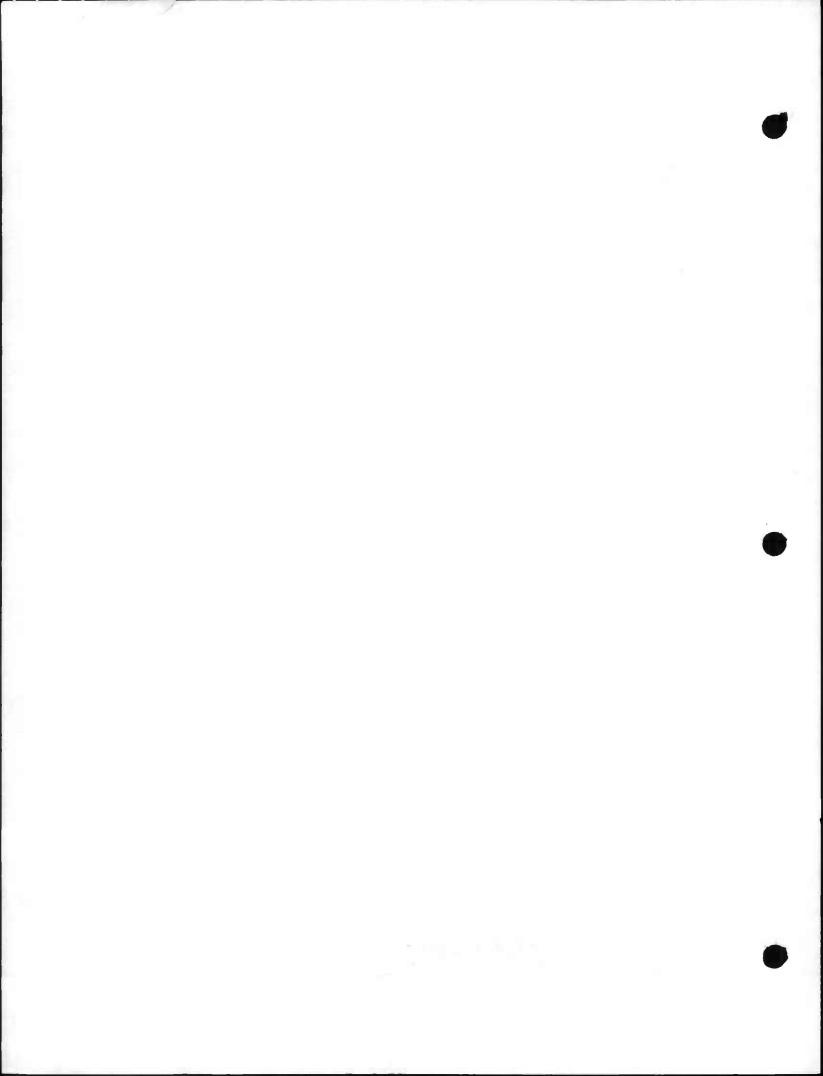


BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 toval.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	JAmes	Middle, Last)	Page Jam	ies J	A. Pag	e, Jr	•		ATE OF DE	ATH PAY	87	YEAR 3	3. TIME OF DEATH
	4 213-64-561		5. SEX 6. /			F UNDER 1 YEAR	IF UNDER 24 HI		ATE OF BIR Month, Day,			8. BIRTH Country	PLACE (State or Foreign
	213 44 561		1 🔀 M 2 🗆 F	47	YRS.	F 45 1000	frii (8) in		8 3	1 4		Sou	th Carol
œ	Sa. FACILITY NAME (If not ins						OR LOCATION O				9c. COUN	TY OF D	EATH
ECTO	RESIDENCE OF DEC	EDENT				Da	ltimor	е					
DIRE	10e. STATE	10b. COUNTY				TOWN OR LOCA							10d, INSIDE CITY LIMITS?
	Maryland 10e. STREET AND NUMBER			_	Ba	ltimo	re				34.0		YES 2 NO
ERAL	2649 Park	Heic	hts Terr	ace			21215				_	SA	HAT COUNTRY?
FUN	11. MARITAL STATUS		12. WAS DECEDENT EV	ER IN U.S.	ARMED	13. WAS DE	CENDENT OF HE	SPANIC O	RIGIN? (Spe	city Yes	or No—	14. RACE	- American Indian,
BY F	1 Never Married Z		FORCES? 1 IF YES, GIVE WAR	YES 2	Кімо		Decify Cuban, Me S 25 NO S		erto Rican,	etc.)		Black	, White, etc.
ED B		EDENT'S EDUC	PATION	40-	DEGERATION								Black
ETE	(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5+)	108.	(Give kind of wo life. Do NOT use	rk done durina m	ON ost of working		16b. KIND	OF BUSI	NESS/INDL	JSTRY	
P.	10th Grad		College (1-4 or 5+)	Т.	ire Me	chani	C						
COMPLET	17. FATHER'S NAME (First, Mic					O III WIII I	18. MOTHER'S	NAME (F	irst, Middle,	Maiden S	iumame)		
BE (James A.		Sr.				Eula	Jo	hnso	n			
2	19a. INFORMANT'S NAME (Ty						and Number or R						21215
	Hazel Pag						Height					_	more, Md
	1 X Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Remo	oval from State	cemetery.	CE AND DATE OF	r place)		3/1	3/92	Oc. LOC	ATION — C	aty or To	wn, Stata
	21. SIGNATURE OF FUNESIAL		ENSEE //	wes	tern S		METER MD ADDRESS O	FACILIT	v C	ato	nsv:	Mark	e, Md
	1 100	ens	thrais			Q1 L				Τ,	. / U I	MC	culton 2
	IMMEDIATE CAUSE (Find disease or condition	eart falluire. I	omplications that ca List only one cause	used the	death. Do no								Approximete interval Betwe
ION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentielly list condition	al ona,	a. DUE TO (OR	AS A CON	death. Do no line. SEQUENCE OF: ATIA	t enter the m	ode of dying,	such as					Approximete Interval Betwee Onset and Der
CATION	shock, of he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immed cause. Enter UNDERLYII	ona, flate	DUE TO (OR DUE TO (OR SC	AS A CON AS A CON PS 1	ISEQUENCE OF): ATON SEQUENCE OF):	t enter the m	ode of dying,	such as					Approximete interval Betwe
	shock, of he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list conditi if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injur that initiated events	ona, flate	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CON AS A CON AS A CON AS A CON	SEQUENCE OF: SEQUENCE OF: SEQUENCE OF:	PNEU	ode of dying,	such as					Approximete interval Betwe
ERTIFI	shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injur	ona, flate	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CON AS A CON AS A CON AS A CON	ISEQUENCE OF): ATON SEQUENCE OF):	PNEU	ode of dying,	such as					Approximete interval Betwe
MEDICAL CERTIFI	shock, of he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list conditi if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injur that initiated events	ona, flate	DUE TO (OR SEDUE) TO (OR SEDUE)	AS A CON AS A CON AS A CON AS A CON AS A CON	ISECUENCE OF:	PNEU	ode of dying, NIA	such as	cardiac or		atory arre	est,	Approximate Interval Betwee Onset and Det Onset and Det WERE AUTOPSY FINDING AMALABLE PRIOR TO
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Y PHYSICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in the condition of the condition o	ona, liate NG ry	DUE TO (OR DUE TO (OR CO.) DUE TO (OR CO.) DUE TO (OR CO.) DUE TO (OR CO.) DUE TO (OR CO.) DUE TO (OR CO.) DUE TO (OR CO.) DUE TO (OR CO.)	AS A CON AS	ISEQUENCE OF: ATIN SEQUENCE OF: SEQUENCE OF: TO THE STORY TO THE ST	t enter the management of the underlying the underl	DEED G CRUSE GIVER LACE OF DEATH	(Check or	I. 24a. \(\frac{1}{2}\) 1 \(\sigma\)	WAS AN A ERFORM	UITOPSY HED?	246.	Approximate Interval Betwee Onset and Det Onset and Det WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Last Cause. Enter UNDERLYII CAUSE (Disease or Injurt that initiated events resulting in death) LAST PART II. Other significant resulting in death) PART II. Other significant resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1	ona, linte NG NG NG NG NG NG NG NG NG NG NG NG NG	DUE TO (OR DUE TO (OR	AS A CON AS	INC. ISEQUENCE OF: SEQUENCE	t enter the model of the underlyle of th	Deep of dying,	(Check or cose 6 28d 28f. due to the time,	I. 24a. 1 1 Other (Spec. DESCRIBE	r respiration of resp	JURY OCCI	24b. URED or Rural R	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly llat condition resulting in death) Sequentielly llat condition resulting in death) Sequentielly llat condition resulting in death) Sequentielly llat condition resulting in death) Last cause. Enter UNDERLY!! CAUSE (Disease or Injurition in the initiated events resulting in death) LAST PART II. Other significant resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F 2 Accident 3 Suicide 8 G 4 Homicide G 29a. CERTIFIER (Check only one) 2 MEDIC	ona, linte NG NG NG NG NG NG NG NG NG NG NG NG NG	DUE TO (OR DUE TO (OR	AS A CON AS	INC. ISEQUENCE OF: SEQUENCE	t enter the model of the underlyle of th	Date of dying, INDICATE OF DEATH TORK? YES 2 NO To and place, and death occured at	(Check or cose 6 28d 28f. due to the time,	I. 24a. 1 1 Other (Spec. DESCRIBE	r respiration of resp	JURY OCCI	24b. URED or Rural R	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No

And of graph and some

	REGISTRAR CERTIFIC	MENT OF HEALTH AND MENTAL HYGIENE CATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, List) GEORGE H. ROSENBERG	GER 2. DATE OF DEATH March 17, 1993 3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH
	212-03-2688 12 M 2 🗆 F 79 YRS.	BF UNDER 1 YEAR BF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) Dec. 21,1913 Maryland
TOR		96. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH
DIRECTOR	Maryland Baltimore To	TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	1612 Loch Ness Rd.	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A.
B	3 Wildowed 4 Divorced IF YES, GIVE WIR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 yr's College (1-4 or 5+) Print(JSUAL OCCUPATION ork done during most of working retired.) 16b. KIND OF BUSINESS/INDUSTRY
20 III	Joseph Rosenberger	18. MOTHER'S NAME (First, Middle, Meiden Surname) Eva Weiss
be notified TO BE	Mrs. Ann P. Rosenberger Same	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) e as #10
must	1 N Burial 2 Cremation 3 Removal from State cemetery, crematory or other	
ai examiner	Faul L. Hartoche &	Leonard J. Ruck, Inc. 5305 Harford Rd.
al, cremation, or remova	23. PART I. Enter the diseases, or complications that caused the death. Do no shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Interval Betwee Onset and Deat
hygiene prior to bunz or other traumatic RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Jewer Hypo Ku. Due To (or as a consequence or): C. LANGIA C. AVEST DUE TO (or as a consequence or): Myo Landial	:
hows any in	PART II. Other significant conditions contributing to death but not resulting in	1 the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
SICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 VNO 1 Parpetent 2 RevOutputient 3 DOA	26. PLACE DF OEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
marked, or BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME INJURY	OF 28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED
28 is	3 Suicide 6 Could not be building, stc. (Specify)	reet, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
절의	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,	if st the time, data and place, and due to the cause(s) and menner as stated. In my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.
De filed within 72 IMPORTANT: If TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIER And Kar. Anysilian	29c. LICENSE NUMBER 29d. DATE SIGNEO (Morriti, Day, Year) \$\frac{3}{17}/97\$
	yousef mohammad. Good	sumantan Hospital
	31. DATE FILEO (MORITH, Day, Your) MAR 18 1993 Suha Davidson-Mandale	

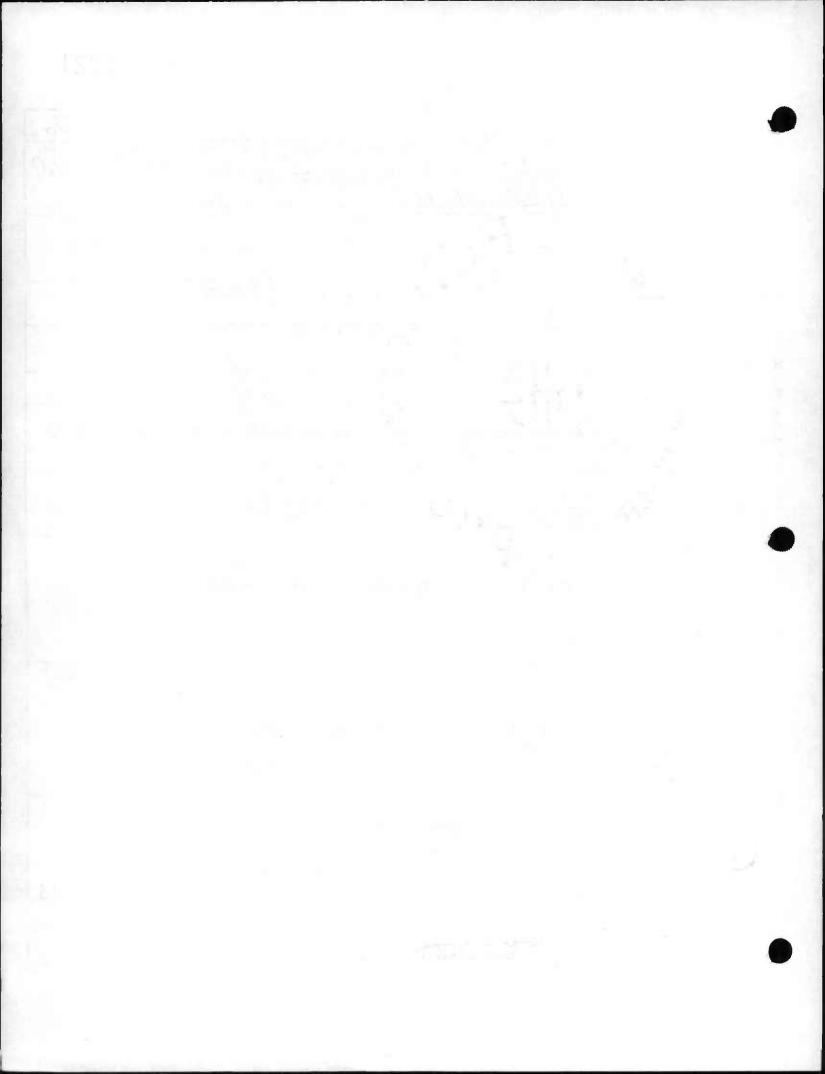


BALTIMORE, MARYLAND 21215-0020	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial
	1 24 hours after dea
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	quires that the death certificate be executed within
DIVISION OF VITAL R	IL OR ATTENDING PHYSICIAN; The law rev

MERIT CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the start death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce TO THE FLORING PRICTOR: After this certificate has been signed by the attending to find the first constant of the state Dept. of Health and Mental Hyg IMPQHELAM CONSTANT OF CONSTANT O

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

_	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND	MENTA	L HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) TOYCE R	DYSTER			2. DATE	OF DEATH ARCH DAY	73 3.	TIME OF DEATH
	218-44-1808	5. SEX 6. AGE (In yrs.	7 YRS. MONTH		NOV	OF BIRTH SERIO 1945	6. BIRTHPL	ACE (State or Foreign ARYLAND
TOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH PALTIMORE, MARYLAND BALTIMORE PRESIDENCE OF DECEDENT							
DIRECTOR	Mary/md 10b. COUNTY		BAI	OR LOCATION			100	d. INSIDE CITY LIMITS? YES 2 \(\text{\background}\) NO
BY FUNERAL	3/1 ESCALE	Rd. Ap	ot-B	101. ZIP CODE 8/22	9	U.	S-/	T COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 0,	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 & IF YES, GIVE WAR OR DATES	ARMED 1:	I. WAS DECENDENT OF HISP If yes, specify Cubes, Mexi 1 YES 2 NO Spec	can, Puerto	N? (Specify Yes or No— 1 Rican, etc.)	4. RACE — Black, W Speelty:	American Indian, Thite, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)	TION 16a. College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	OCCUPATION Ocurrence of working	168	A. KIND OF BUSINESS/INDU	STRY	
COM	17. FATHER'S NAME (First, Middle, Leat)	11.	500/4/	Mother's	AME (First,	Middle, Maiden Syrname)	6.00	
TO BE	19a. INFORMANT'S NAME (Typo/Print)	Vella !	196. MAILING ADDRE	SS (Street and Number or Rue	A Route Num	n me	JAU	12122
	20a. METHOD OF DISPOSITION 1	al from State 20b. PLAC	CEAND DATE OF DISPO	DITION (Neme of f	DAT		ty or Town,	Stor on d
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		HAME AND ADDRESS OF	acity.	FUNERAL Due Bolt	Ho	101011
		mplications that caused the st only one cause on each is	death. Do not ente	or the mode of dying, su	ich an can	diac or reapiratory arrea	at,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPSIS DUE TO (OR AS A CONS	SECTION OF OR		^			Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	NECROTIZ DUE TO (OR AS A CONS	INGINE	ECTIONO	LON	IER EXTRE	MITI	ES
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):					
A	PART II. Other aignificent conditions	contributing to deeth but no	t resulting in the o	inderlying ceuse given i	n Part i.	24a, WAS AN AUTOPSY PERFORMED?	AVE	RE AUTOPSY FINDINGS
MEDIC	HEPATITIS	1 OC NITON	CALDIE	NOILE ARISE		1 TYES 2 W NO	DF	MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	28. PLACE OF DEATH (C	Check only or	ne)		
HYS	1 ✓ YES 2 ☐ NO 1	10 SPITAL: Inpatient 2 ER/Outpatient 26a. DATE OF INJURY	3 DOA 4 N	rrsing Home 5 - Residence		r (Specify) SCRIBE HOW INJURY OCCU	IDEA	
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	200. 02.	SCHIBE HOW INSURT OCCU	HEO	
	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)			ctory, offica	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
BE	SECHATURE AND TITLE OF CERTIFIED	Hera Mo:	PHYSICH	29c. LICENSE N				onth, Day, Year) (7 199 2
2	DR. ADRIENNE J	HEADLY	TEM 27 (Type, Print)	RSITYOFI	MAR	YLA NO ME	OICA	LSYSTANS
	MAR 48 1002	32. REGISTRAR'S SIGNATURE						7012110

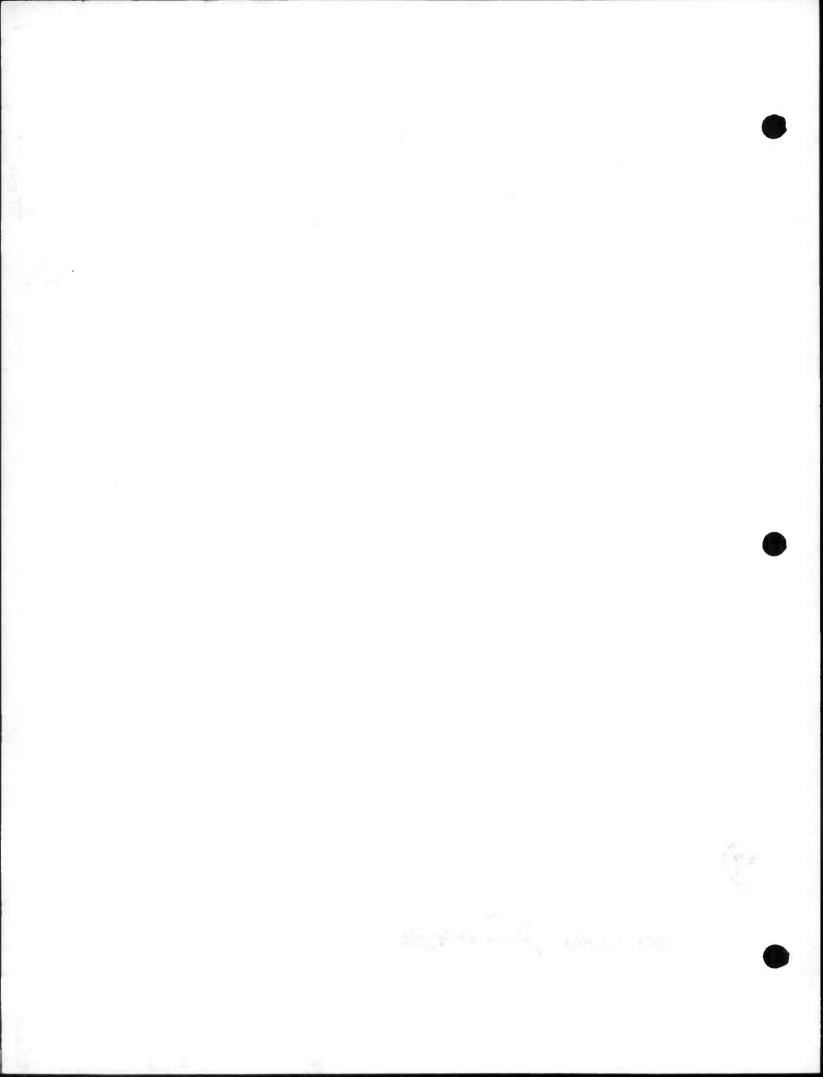


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AR A SECKER MARCH 05-504 215-07-8636 A 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 K F SEPT 30 Maryland by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should emoval. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR General Howard County Generald Co1umbia Baltimore County RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Baltimore 1 YES 2 W NO FUNERAL 10s. STREET AND NUMBER 10f. 73P CODE 10g. CITIZEN OF WHAT COUNTRY? 16 Fusting Avenue 21228 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married ВУ 1 TYES 2 NO Specify 3 🔯 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Clerk Department Store notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Williams Lillian BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Margie A. Crouse 744 Buckeye Court Millersville, Maryland 21108 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must 1 Donation 5 Other (Specify) Cedar Hill Cemetery 3/18 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. de 4001 Ritchie Hwy. Baltimore, Md. 21225 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, by the attending physician and completely filled in by and Mental Hygiene prior to burial, cremation, or remo Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the PAILURE disease or condition SPIRATORY resulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, TO (OR AS A CONSEQUENCE OF): BNEWMONIA HIBIRATION PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST in lury, PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY ERTENSION shows any 1 TYES 2 HO Atherselectic Cardio Vasc disease 1 TYES 2 CE NO t, of H has be Dept. 25. WAS CASE REFERRED TO MEDICAL this certificate ha with the State Do irked, or Item 2 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: na Home 5 - Residence 6 - Other (Specify) 4 I Nursi marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Accident 5 Pending Investigation 2 A NO L DIRECTOR: After the ours after death w BY 1 YES 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 60 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Yourg, State) COMPLETED 6 Could not be detarmined Nem 28 4 Homicide AUL DIPIE CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29d. DATE SIGNEO (Month, Day, 29c. LICENSE NUMBER BE VELLANKI 1993 6 304 2 CHEVROLET 055 ELLICOT 2106

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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IMPORTANT: If II

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296. SIGNATURE AND TITLE ON CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. HESISTRAN'S SIGNATURE

KARMACHONDRA. S. NAIR

DIRECTOR: after Item 28

물물물

burial,

prior to

physician

attending

signed by the atter Health and Mental Injury,

filled in by the fi

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho
5	8
-	HOSPITAL

07323 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR Marvin Ruffin 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 243-44-1072 M 2 F YRS. 17 10 31 North Carolina 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1600 Thomas Avenue Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland X YES 2 NO <u>Baltimore</u> FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1600 Thomas Avenue 21216 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) RACE — American Indien, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 2 NO 1 YES 2X NO Specify: BY Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 10th grade onstruction Worker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Ed Ruffin BE Mildred Sanders 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21212 Jerome Ruffin 5208 Ivanhoe Avenue Baltimore, Maryland 3/16/93 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of King Memorial Park stown, Marylan 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY 1701 McCulloh St F/H Baltimore, Md2121 Chatman-Harris 23. PART i. Enter the disease ses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. interval Betw Onset and Daath IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY 1 TYES 2 NHO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 TONO lient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 Residence 8 ☐ Other (Specify) 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investige 1 Natural 2 Accident 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 5 8 Could not be determined 4 Homicide COMPLET 29e. CERTIFIER (Check only 1 🗆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.

> BALTIMOREMOZIZIS averne

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29d. DATE SIGNED (Month, Day, Year)

16-993

29c. LICENSE NUMBER

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DHMH-16 Rev 1/89

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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION	OR ATTENDING PHYSICIAN
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1993 STEVE STIIM March 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 216-30-9785 1 💢 M 2 🗌 F 57 Sept 9 1935 Estonia use as the burial-transit permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7937 Myers Drive Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 7937 Myers Drive 21061 United States 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 N NO Specify: 14. RACE — American Indian, 1 Never Merried 2 X Merried IF YES, GIVE WAR OR DATES ВҮ Specify 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION

The bland of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 165. KIND OF BUSINESS/INDUSTRY JQ. ndary (0-12) College (1-4 or 5+) Manager Sales & Service 12 Black & Decker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Stiim Jaan funeral director, page 5 should be to Armilde notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vicktorianna Stiim 7937 Myers Drive Glen Burnie, Md. 9 20s. METHOD OF DISPOSITION
1 Note: Separation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Gardens of Faith Cem. 3/20/93 Baltimore Marvland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Milton J Knight Jr Baltimore, Md. Leonard J. Ruck, Inc. 5305 Harford Road completely filled in by the ial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximata shock, or heart fellure. List only one ceuse on each line. Intarval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition (azdias event. resulting in death) QUE TO (OR AS A CONSEQUENCE OF) in and con to burial, traumatic CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): ung physician a if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 the atter Mental PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and a AVAILABLE PRIOR TO COMPLETION OF CAUSE any signed Health a 1 TYES 2 TWO OF DEATH? shows : 1 YES 2 NO been : PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Item EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 10 27. MANNER/OF DEATH 26e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this ce with t marked, 26b. TIME OF 28d, OESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending BY 1 YES 2 NO After t : Funeral director: Att I within 72 hours after des RTANT: If Item 28 Is in 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death date and place, end due to the cause(s) and manner se stated. 295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) j L 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Dr. Daljit Sawhney M.D. 1600 Crain Highway South Glen Burnie, Md. STATUTE STATUTE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

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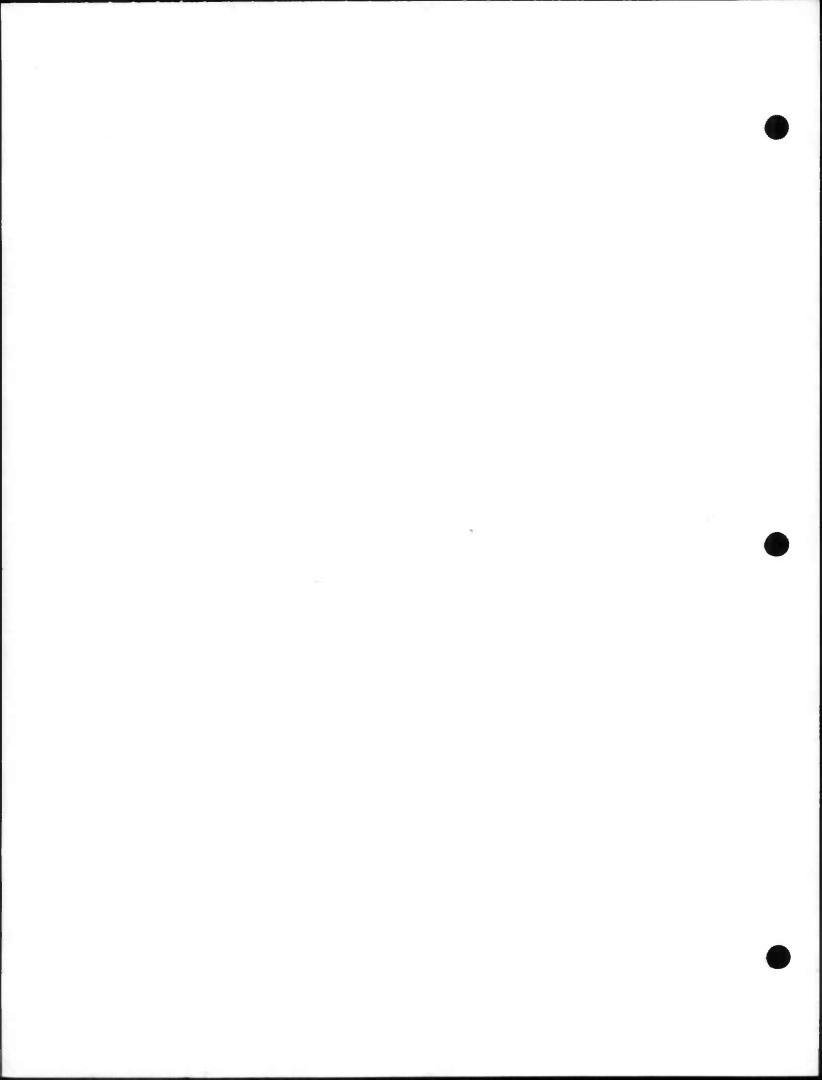
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		1 - STATE REGISTRAR	STATE OF MARYLAI		CATE OF		MENIAL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
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		4. SOCIAL SECURITY NUMBER 217-58-1217	1 1	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
pinc		9a. FACILITY NAME (If not institution, give :		YRS.	The state of the s		01/06/66	_	Maryland
, 2, 3 sho	TOR	ST. AGNES HOSI			BALTIN	OR LOCATION OF D	DEATH	9c. COUNT	Y OF DEATH
Pages 1	DIRECTOR	10a. STATE 10b. COUNT	ward		, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
ermit	AL C	10a. STREET AND NUMBER	102.0	BILE	ridge	f. ZIP CODE		10a CITIZE	1 YES 2 NO
an. transit p	FUNER/	6177 Pine Avenu				21227		U	ISA
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at once.	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Diverced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	If yes, ap	DENDENT OF HISP/ Hecify Cuban, Mexic 3 2 NO Spec	ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.) ifly:	s or No—	4. RACE — American Indian, Black, White, etc. Specify: White
215 atten	밀	15. DECEDENT'S EDU (Specify only highest grade	ICATION 1 e completed)	6a. DECEDENT'S I	USUAL OCCUPATION done during me	ON pet of working	16b. KIND OF BU	SINESS/INDUS	
ID 21 ospital or hed for u	APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Nann	p retired.)	at or working	Self-e	mploye	d
	E COMPL	17. FATHER'S NAME (First, Middle, Last) Willard W. Shipa	an				AME (First, Middle, Maiden C. Tieden		
MAR retained 5 should notified	<u> </u>	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		ode)
E, M, y be rett age 5 s	2	Gloria C. Shipma					kridge, Ma:		
OR mare ector, p		20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State 20b. Pl	LACE AND DATE O	FDISPOSITION (Na Der place) Nations	ane of Cenet	OATE 20c. LO		ry or Town, State
death. Pag tuneral dis e tuneral dis dis		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AL	ND AODRESS OF E			
BAL ter deat the fun wal.		Lary	L. Louf	nen	5695	Main St	. Elkridge	e. Md.	21227
24 hours filled in the		23. PART f. Enter the diseases of shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on eec	h line.	ot enter the mo	ode of dying, su	ch as cerdlec or resp	iratory arres	Approximate interval Between
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								ı	
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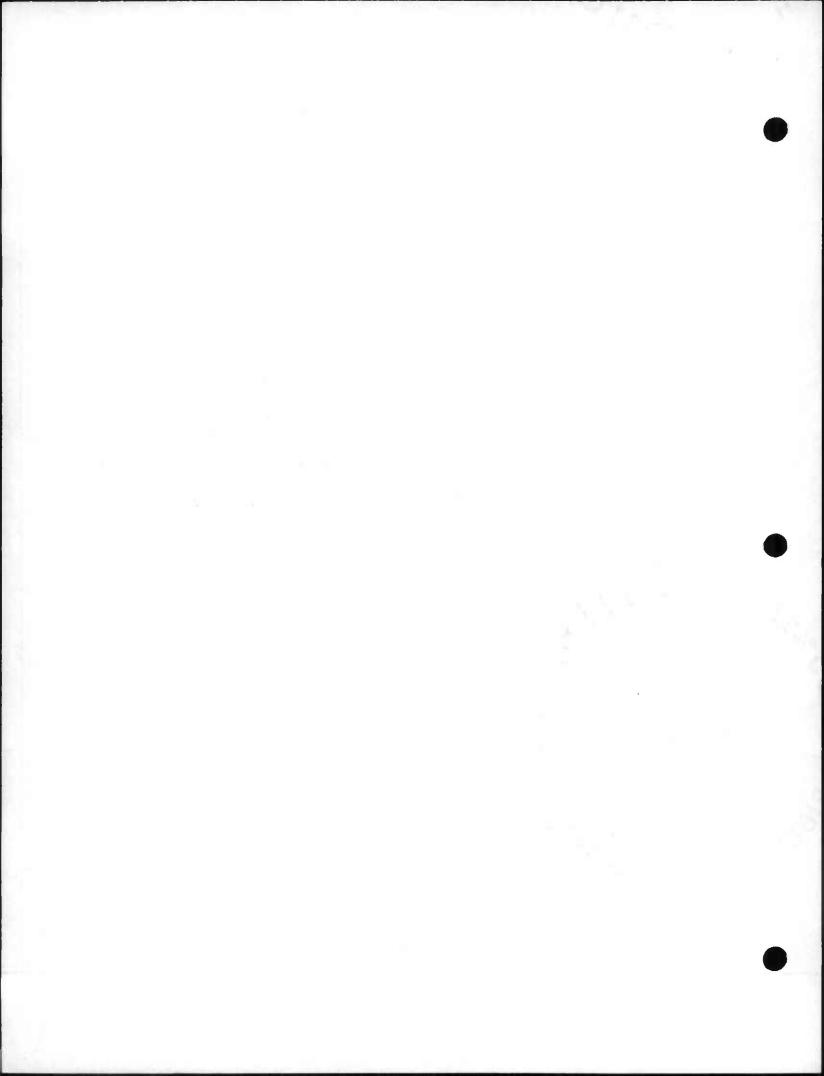
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TO THE FUNERAL DIRECTOR: Af	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First	, Middle, Last)	E 1		ne St	inak		DEA.		2. DATE OF OE			VEAD 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUME									MOH2H3/:			- 1	415 a w
	215-14-40		5. SEX 1 □ M X 汉 X		rs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Y	bar)	1.1	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not in			7	THS.	AL OF		OR LOCATIO		04/14				to, Md
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5	RESIDENCE OF DEC	EDENT												- 1
2	110.50	10b. COUNT			10c. CIT	Y, TOWN								d. INSIDE CITY LIMITS?
	MD 100, STREET AND NUMBER	(City					Balt:		е				CXYXs 2 □ NO
FUNERAL DIRECTOR	2648 Hu	ntino	don ave	enue			"	212			1	10g. CITIZE	EN OF WHA	U.S.A.
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S	S. ARMED	13.	WAS DEC	CENDENT O	F HISPANIC	C ORIGIN? (Spec	Ify Yea or	r No— 1	14. RACE —	American Indian, fhite, etc.
B⊀	1 Never Married XIX 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	YES 2	XXX	If yes, specify Cuban, Mexican, Puerto Rican, etc.) B						Mite, etc. Vhite		
TEC	15. DEC (Specify only	EOENT'S EOU y highest grade	CATION completed)	164	e. OECEDENT'S (Give kind of	work done	CCUPATION MC	ON ost of working	g	16b. KIND (OF BUSIN	IESS/INDU	STRY	
15. DECEOENT'S EQUATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11th College (1-4 or 5+) College (1-4 or 5+) Sewing Machine Textile 16. KIND OF BUSINESS/INDUSTRY														
OM	17. FATHER'S NAME (First, M	iddle, Last)								E (First, Middle, A				
BE C	James M	. Luc	cas							hel Ha				
10	19a. INFORMANT'S NAME (7									ute Number, City				
	Vincent		inchecu			-			on A	venue				
	X X Burial 2 ☐ Crematic 4 ☐ Donation 8 ☐ Other	(Specify)	227 2200	zob.PU cemeter Mea	ACE AND DATE (y, cremetory or o	of bispos ther place) dge	Cen	ntery	У	DATE 2			ty or Town,	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	/				ND ADDRES		s Fune	- r - 1	1 40	mo	
	rke	hory	Cours	serci	ler	- 3	363]	Fa:	lls	Rd. I	3a1t	to,	MD	21211
	23. PART i. Enter the di shock, or he	iseeses, pro eert fellure.	complications that List only one cau	t ceused the	e deeth. Do r	not enter	the mo	de of dyi	ng, such	ss cerdisc or	respirat	tory arres	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin disesse or condition		00	ε				_	0	0				Onset and Death
ł	resulting in deeth)	→	e. Cluro	OR AS ACO	NSEQUENCE OF	loce	fle		eur	Remu				
z			b	J										
CERTIFICATION	Sequentially list conditi if any, leading to immediate. Cause. Enter UNDERLY	diate	DUE TO	(OR AS A CO	NSEQUENCE OF	F):								
EIC.	CAUSE (Disease or Inju		cDUE TO	(OR AS A CO	NSEQUENCE OF	n:								
E	resulting in death) LAS	т	d.			,								
	PART ii. Other significe	ot condition	e contribution to	death but a	not requisited	la Aba	al and discount							
EDICAL	TAIL III Other agrillion	THE CONTRIBUTION	e continue ting to	deeth but n	ibt reeuiting	in the un	aeriyin	g ceuse g	iven in Pe		AS AN AUTERFORME		AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE
EDI									_	_ 1 U Y	ES 2 🛭	NO		DEATH?
2										-			1 10	YES 2 NO
N N	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF DE	EATH (Check	k only one)				
PHYSICIAN:	1 TYES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatier	nt 3 🗆 DOA	OTHER 4 - Nun		10 5 Res	eldence 8	Other (Specify	y)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28e. DATE OF (Month, D		28b. TIM INJ	E OF URY M		URY AT PRK? YES 2		28d. DESCRIBE I	ULNI WOH	URY OCCU	RED	
	3 Suicide 8	Could not be determined	28e. PLACE O building,	F INJURY — A etc. (Specify)	At home, farm, s	treet, fect	ory, offic	•	2	Ref. LOCATION (S City or Town,	Street and State)	Number or	r Rural Route	Number,
9	29e. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	emi koomlada	a doub com-	al ad ab - a								
COMPLETED			R: On the basis of e											d manner as stated.
H	29b. SIGNATURE AND TITLE	OF CERTIFIE	W					i	724	_	29		SIGNED (MO	onth, Day, Year)
2	30. NAME AND ADDRESS OF	_	O COMPLETED CAUS											
	31. DATE FILED (Month, Day.	Year)			7 0 0	CH	1.07	14	F	BHL	70	2/	124	/
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE Suite Deviden Annual													



		FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTA	L HYGIEN REG. NO.	e 93	3 (732	7
	39	1. DECEDENT'S NAME (First, Middle, Last)	01105045	V.=0			2. DATE	OF DEATH	× 0 1		TIME OF DEAT	/H
		Dudley M. 4. SOCIAL SECURITY NUMBER	SHOEMA	KER rs. last birthday)			+	"3-12-"			9:23	PM
pin		215-14-0751 9a. FACILITY NAME (If not institution, give st	1√2 M 2 □ F 70	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	all II	of Biffth	2	Ohi		ireign
. 2, 3 should	CTOR	Franklin Square H			Rossvi	OR LOCATION OF D	EATH		Balt	of Deat		
Pages 1	DIREC	10a. STATE 10b. COUNTY		10c. CIT	y, TOWN OR LOCA						d. INSIDE CITY	
sit permit	ERAL	100. STREET AND NUMBER 108 Manor Avenue	CIMOIC			OF. ZIP CODE 2120	6		10g. CITIZE	N OF WHA	T COUNTRY?	NO
21215-0020 or attending physician. In use as the burial-transit permit. Pages 1, 2,	BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? TYPES 2 IF YES, GIVE WAR OR DATE:	S	13. WAS DE If yes, a 1 YES	CENDENT OF HISPA peofly Cuben, Mexic S Z NO Speci	NIC ORIGI	N? (Specify Yes Rican, etc.)		Black, W	American India Phite, etc.	m,
215 attend	9	15. DECEDENT'S EDUC (Specify only highest grade	CATION 164 completed)	(Give kind of	USUAL OCCUPATION OF COMPANY	ION lost of working	168	. KIND OF BUS	INESS/INDUS		WIIIOC	
M H 2	COMPLET		College (1-4 or 5+) 2 years	Itte. Do NOT us	-Princip		Di	Jlaney	Valle	y Sr	. High	
A 23	BE COM	17. FATHER'S NAME (First, Middle, Last) Dudley M. Shoemak	er			Anna V	. Fla	Middle, Malden annery	Sumame)			
	TO BE (Mrs. Charlotte O.	Shoemaker			and Number or Aural enue Bal						
ALTIMORE, R leath. Page 6 may be r funeral director, page 5		26e. METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)			of disposition (N		17-93		cation — cit Cimore			
. 0 = 1		21. SIGNATURE OF FUNERAL SERVICE LIC	ensee	1 E		nn Funer Belair R			Md. 2	1236		
24 hours filled in the ion, or ref	10010	IMMEDIATE CAUSE (Final	omplications that caused the list only one cause on each Congestive in	eart f	ailure	ode of dying, suc	ch as car	diac or respi	ratory arres	٤,	Approxima Interval Be Onset and	etween
P.O. BOX 687 th certificate be executed ending physician and con Hygiene prior to buriat,	ERTIFICATION	cause. Enter UNDERLYING	Anoxic encep	holopa nsequence of ary di	thy sease							
RECORDS requires that the considered by the conditions and Mealth	MEDICAL	PART II. Other significant conditions	s contributing to death but r	not resulting	in the underlyin	ng cause given in	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?	CO OF	ERE AUTOPSY FIE ALLABLE PRIOR ' OMPLETION OF C DEATH? YES 2 N	TO
TA He He He He He He He He He He He He He	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	neck only o	ne)				
F VIT	ો ≥ા	1 Q YES 2 NO	1 Inpatient 2 ER/Outpatien 26e. DATE OF INJURY	nt 3 DOA	4 - Nursing Hor	ne 5 🗆 Residence	_					
〇 光 篇章		1 Natural 5 Pending	(Month, Day, Year)		URY W	ORK? YES 2 NO	280. DE	SCRIBE HOW IN	AJURY OCCU	RED		
ISIC TTENDI TTOR: A after da	0	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — / building, etc. (Specify)	At home, farm, s	street, factory, offic	CO	261. LOC City	CATION (Street e or Town, State)	nd Number or	Rural Route	» Number,	
DI AL DIR 72 hour	APLE		SIAN: To the best of my knowledge								nd manner ee si	tated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	B	29b. SIGNATURE AND TITLE OF CERTIFIER	4	MI)	29c. LICENSE NU					orith, Day, Year)	
.1+(1		COMPLETED CAUSE OF DEATH	uare D	r. Balt	imore, M	d. 21	237	<u> </u>	1-11		
31. DATE PHENYMOUTH DOWNERS 1993 32 REGISTRAR'S SIGNATURE												



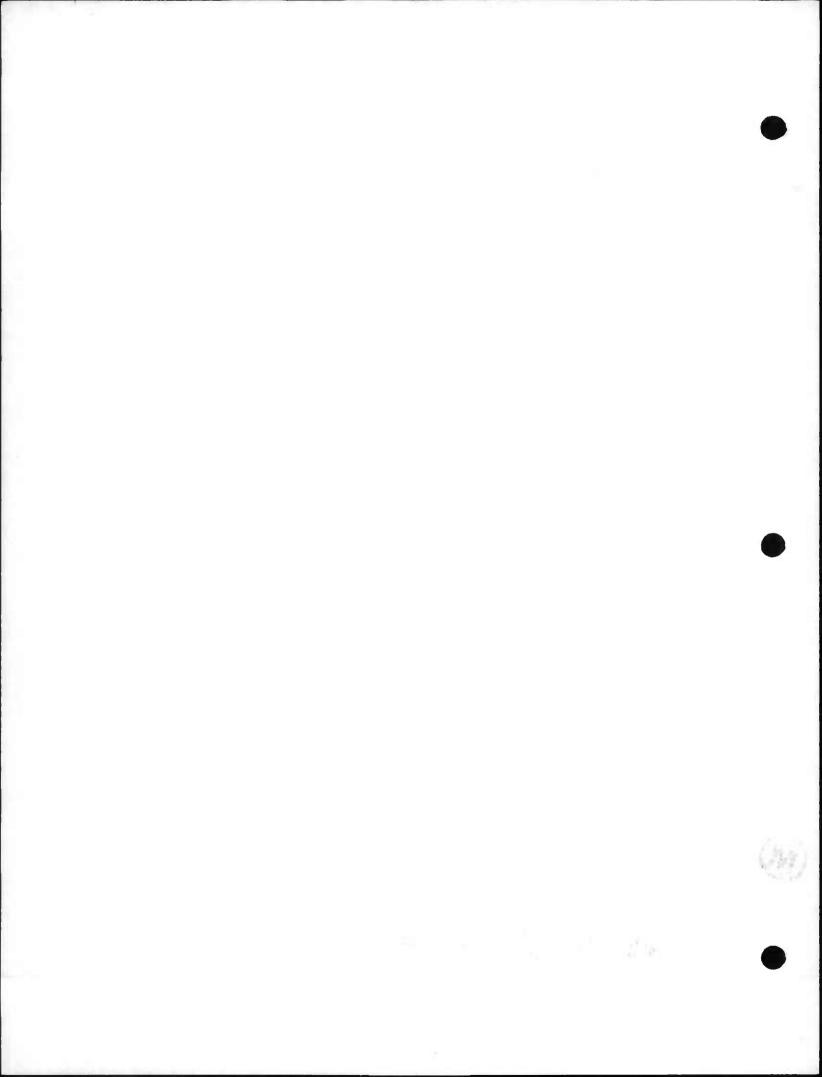
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

_	1 - STATE REGISTRAR			ICATE OF	DEATH	REG. NO).	
1	1. DECEDENT'S NAME (First, Middle, Last)		FA			2. DATE OF DEATH	MY YE	3. TIME OF DEATH
	EMMA	E TYL				3 14	+ 93	7:50 A
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. E	BIRTHPLACE (State or Foreign Country)
	N3 28-44 //	1 □ M 2 💢 F	62 YRS.			02/4/	31 /	nandino
m	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DE		9c. COUNTY	
2	LARGIDENCE OF DECEDENT	DICAL CET	VIER	PALI	IM ORK	CITY	BAL	TIMORE
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
5	MANUMO		6	Allin	rone			1 TES 2 NO
¥	10s. STREET AND NUMBER	1	0.11	1 10	I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL		ordene	Ka, Ap	T-H	2122	9	Un	5.1.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13, WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		S 2 NO Specifi			Speity
0	15. DECEDENT'S EDI		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	ISINESS/INDUST	Z/ACA
E	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me se retired.)	ost of working			
P.			Hom	emak	er			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	, ;/				ME (First, Middle, Maider	Sumame)	
BE (DSborn 1	ulliam	5		Edny	2 Wil	MAN	25
2	IN INFORMANT'S NAME (Type/Print)	4-1	19b. MAILING	ADDRESS (Street	and Number or Rural	Ploute Number, City of Tox	vn. State, Zio Coo	10)
	MR. Henry	14/810	46%	3 ma	norder	ne Ed. L	Allo	m 2100
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ren		06. PLACE AND DATE		ghe of	DATE 20c. L	OCATION — City	or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		NESIER	V SIL	ve can	101	9/100	Dillo
1	21. SHAPPING OF POWERAL SERVICE L	0 1		22. NAME A	ND ADDRESS OF	185 FUN	CrAI	Home
2.5	Joseph J	· Kuss		2220	2 LUINO	THE Ave	BALI	0. md. 212
	23. PART I. Enter the diseasea, or shock, or heart failure.	complications that cause List only one cause on	ed the death. Do	not enter the me	ode of dying, suc	h aa cardiac or reap	eiratory arrest,	Approximata Interval Betw
1	IMMEDIATE CAUSE (Final	and only one outpool	out. III.					Onset and D
	disease or condition resulting in death)	a. RESPIR DUE TO (OR AS	ATO RY	FAIL	URE			DAYS
		•		•				
RTIFICATION	Sequentially list conditions,	b. ADULT	RESPIRA A CONSEQUENCE O	TORY	DISTI	RESS SI	INDRO	SHE DAYS
¥	if any, leading to immediate cause. Enter UNDERLYING	SEPSIS		,				į
Ĕ	CAUSE (Disease or injury that initiated events		A CONSEQUENCE O	F):				
ᇤ	resulting in desth) LAST	d						
- CE	PART II. Other eignificant conditio	ne contributing to death	but not resulting	in the underlyin	o cause alues in	Boot I Day Made An	ALIMONAY	
DICAL	DISSEMINATE					05050	011500	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU
						THY 1 - YES	2 NO	OF DEATH?
. ME	HEART FAIL		CONICO					1 TYES 2 NO
AN	PULMONARY 25. WAS CASE REFERRED TO MEDICAL	DISEASE,	PNEG	MONIA	LACE OF DEATH (Ch	ant anti-men		
PHYSICIAN:	EXAMINER?	HOSPITAL:	dnetlant 2 - DOA	OTHER:				
Ĭ	27. MANNER OF DEATN	26a. DATE OF INJURY	111(3)2		ne 5 Residence	8 ☐ Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURE	FD.
- 1	1 Netural 5 Pending	(Month, Day, Year)	IN.	W	YES 2 NO	м /	A	
D BY	2' Accident Investigation 3 Suicide B Could not be	28a. PLACE OF INJUR	RY — At home, farm,	street, factory, offic	De	28f. LOCATION (Street	and Number or R	Jural Route Number,
ETEL	4 Homicide determined	building, etc. (Sp	N/A			City or Town, State	NIA	
7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wiedge, death occurr	ed at the time, date	and piece, and due	to the cause(a) and ma		
COMPL		ER: On the basis of exeminati						use(a) and manner as state
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NUM			GNED (Month, Day, Year)
H	mcho MA				D 368		▶ 3	115193
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)				113/112
	MAI-CHI NGUY 31. DATE EILED (MONTH, PRIX. YEAR)	EN,MD, 11	055 L17	TTLEPA	FUXENT	PKWY,#	107, a	DLUMBIA,
	MAR 1 8 1993	32 REGISTRAR'S SIG	CONTRACTOR OF THE PARTY OF THE					

IVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



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DIVISION OF VITAL RECORDS,	C
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	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMENT (CERTIFICATE	OF DEATH			
	1. DECEDENT'S NAME (First, Middle, Last)	00			1	1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	MONTHS F			1 8	BIRTHPLACE (State or Foreign Country)
~	0	et and number)			5-9 DEATH (3-1	- 25 9c. COUNT	Maryland Y OF DEATH
СТОР	2008 DOUC	1 Street	Da	ltimore	City		
	Maryland		1 1 1 1	nore (city		10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERA	2558 Boy	d Street	F	101. ZIP CODE	23	10g. CITIZE	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO If y	ea, specify Cuban, Maxic	can, Puerto Rican, etc.	Yea or No-	RACE — American Indian, Black, Whita, etc. Specify: Black
ETED	(Specify only highest grade cor	mpleted)	6a. DECEDENT'S USUAL OCCU (Give kind of work done duri life. Do NOT use retired.)	JPATION ing most of working	16b. KIND OF	BUSINESS/INDUS	Ø/
OMPL		conege (1-4 or 5+)					
шШ	Emmanuel	Crawle	4	Ann	a Cra	wley	
5	Corrine Lee		19b. MAILING ADDRESS (S 2555 W.	treet and Number or Rural	Route Number, City or	Town, State, Zip Co	ode)
	20a METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remova U Donation 5 Other (Specify)	I Irom Stata cemeta	ary crematory or other place)	ON (Name of	OATE 20c.	11	00 7
				ME ANO ADDRESS OF F	ACILITY NO TH		
	23. PART i. Enter the diseases, or con	nplications that caused the	ha death. Do not enter the	saltimal	e, mb	Irvin (Correll Funoral Hea
	iMMEDIATE CAUSE (Final disease or condition	Prantillo	n line.	4 0	001		interval Between Onsat and Death
	reauting in death)	DUE TO (OR AS A CO		34000	0000	l -	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):	eve ac	eac		
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	OMPEQUENCE OF				i
AL CER	resulting in death, EAST		ONSEQUENCE OF):				
	PART II. Other significant conditions of	antributing to death but					
DICA	PART II. Other significant conditions of	ontributing to death but		riying cause given in	PERI	AN AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	PART II. Other significant conditions of	contributing to death but		riying cause given in	PERI		AVAILABLE PRIOR TO
MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	not resulting in the under	26. PLACE OF OEATH (C/	PERI 1 YES	ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Soft Soft Soft Soft Soft Soft Soft Soft	OSPITAL: Inpatient 2 ER/Outpatie	not resulting in the under	26. PLACE OF OEATH (C/ Nome 5 to Residence c. INJURY AT	PERI 1 YES	2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PES 2 NO 1 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	OSPITAL: Inpetient 2 ER/Outpatie 26a. DATE OF INJURY (Month, Day, Year)	not resulting in the under	26. PLACE OF OEATH (C/ Nome 5) Residence c. INJURY AT WORK?	PERI 1 YES PROCED TO SEE THE PROCED TO SECURE TO SECURE TO SECURE TO SECURE TO SECURE TO SECURE TO SEC	V INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined	OSPITAL: Inpetient 2 ER/Outpatie 26a. DATE OF INJURY (Month, Day, Year)	not resulting in the under	26. PLACE OF OEATH (C/ Nome 5) Residence c. INJURY AT WORK?	PERI 1 YES	N INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OSPITAL: Inpatient 2 ER/Outpatie 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — building, etc. (Specify)	not resulting in the under	26. PLACE OF OEATH (C/ Nome 5) Residence C. INJURY AT WORK? YES 2 NO office deta and place, and due	Period 1 Yes 1 Yes 1 Yes Cother (Specify) 26d. DESCRIBE NO 28l. LOCATION (Sire City or Town, Steel to the cause(a) and a	N INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RURAL Route Number,
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OSPITAL: Inpatient 2 ER/Outpatie 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — building, etc. (Specify)	not resulting in the under	26. PLACE OF OEATH (C/ Nome 5) Residence c. INJURY AT WORK? YES 2 NO office deta and place, and dus on, death occured at the	PERI 1 YES Theck only one) 6 Other (Specify) 28d. DESCRIBE NO 28l. LOCATION (Sire City or Town, Steel at the cause(a) and relationship time, data and place,	N INJURY OCCUR and Number or tel	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RURAL Route Number,
D BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 No 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	OSPITAL: Inpatient 2 ER/Outpatie 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — building, etc. (Specify) N: To the best of my knowledge on the basis of examination an	ant 3 DOA 4 Nursing 26b. TIME OF NURSY M 1 At home, farm, atreet, lactory, bid/or investigation, in my opinion of the control	28. PLACE OF OEATH (C/ Nome 5) Residence c. INJURY AT WORK? YES 2 NO office deta and place, and due on, death occured st the 29c. LICENSE NUI SIREESH	PERI 1 YES heck only one) 6 Other (Specify) 26d. DESCRIBE NO 26l. LOCATION (Sire City or Town, Street or T	N INJURY OCCUR of and Number or the) And due to the companion of the comp	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RUPEL Route Number, Buse(a) end manner as stated. GNED (Month, Day, Year)
	BE COMPLETED	1. DECEDENT'S NAME (First, Middle, Last) EVA TUTN 4. SOCIAL SECURITY NUMBER 212-46-5280 9a. FACILITY NAME (If not institution, give stree 2558 DOUC RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced (Specify only highest grade condition) 17. FATNER'S NAME (First, Middle, Last) Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Fype/Print) Condition 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN AND COUNTY 23. PART 1. Enter tha disease, or condition reaulting in death) a	1. DECEDENT'S NAME (First, Middle, Last) EVA TUP DEC 4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 9a. FACILITY NAME (If not institution, give street and number) 2. 558 BOUD STREET 10b. COUNTY 10c. STATE 10b. COUNTY 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last) Emmanuel Crawle 19a. INFORMANT'S NAME (First, Middle, Last) Emmanuel Crawle 19a. INFORMANT'S NAME (First, Middle, Last) 20b. Pirint College (1-4 or 5+) 20c. AETNOD OF DISPOSITION 1. Surial 2 Cremetton 3 Removal Irom Stata Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WALL CAUSE IMMEDIATE CAUSE (Final diseases or complications that caused the shock, or heart failure. List only one cause on each immediate Cause (Final disease or condition) DUE TO (OR AS A CO.)	1. DECEDENT'S NAME (First, Middle, Last) EVA JUF NES 4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 9a. FACILITY NAME (If not institution, give street and number), 9a. FACILITY NAME (If not institution, give street and number), 9a. FACILITY NAME (If not institution, give street and number), 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR 11. MARITAL STATUS 1 Never Merried 1 Divorced 11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 20b. PLACE AND DATE OF DISPOSITION 1 Name Place 10c. CITY, TOWN OR 11 YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Merried 2 No. If yes 1 No. DECEDENT'S USUAL OCC. (Give kind of work dome during the completed) 10c. CITY, TOWN OR 11. MARITAL STATUS 1 No. CITY, TOWN OR 1 No. CITY, TOWN OR 1 No. COUNTY 1 No. CITY, TOWN OR 1 No. COUNTY 1 No. CITY, TOWN OR 1 No. CITY	1. DECEDENT'S NAME (First, Middle, Last) L. SOCIAL SECURITY NUMBER 3. S. SEX 3. AGE (I) YTZ. last birthday) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number) Sa. FACILITY NAME (If not institution, give street and number of number of not institution, give street and number of numbe	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 2. DATE OF DEATH MONTH 3. SCALL SECURITY NUMBER 3. SCALL SCALL SECURITY NUMBER 3. SEX 3. AGE (In yrs. last birthday) 3. FURCES I YEAR 4. SOCIAL SECURITY NUMBER 3. SEX 3. AGE (In yrs. last birthday) 3. FURCES I YEAR 4. SOCIAL SECURITY NUMBER 3. FACILITY NAME (if not institution, pive sitered and number) 3. FACILITY NAME (if not institution, pive sitered and number) 4. SCALL STATE 4. SCALL STATE 5. SEX 4. SCALL STATE 5. SEX 5. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH 1. MONTHS 7. DATE OF BIRTH	1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF BATH MONTH MO

SIREESH K. TRIPURANENI, M.D. 5670 - 8 The Alemeda BALTIMORE, MD 21239

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	IRECTO	nurs aft	29 mg
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HOSE	FUNE	within	OTA ALT
TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. F	be filed	Don

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL				
	CENTIFICATE OF DEATH	_	REG. NO.			_
Aiddle, Last)		2. DATE C	F DEATH DAY		YEAR	
ſae	Tucker	3	0	03		

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEI					
10	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TI	ME OF DEATH		
	Ida Mae	Tucker				3 9	93	rear	M		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE Country)	E (State or Foreign		
	213-74-3076		LOO YAS.			1 4 1	893 M		and		
oc	9a. FACILITY NAME (If not institution, give s		9	b. CITY, TOWN O	R LOCATION OF O	EATH	3000	Y OF DEATH			
DIRECTOR	St. Josephs Ho	ospital		lowson			Balt	imore	3		
JEC	10a. STATE 10b. COUNT		10c. CITY, T	TOWN OR LOCATI	ON			10d.	INSIDE CITY		
	Maryland		Ba1	timore					YES 2 NO		
₹ AL	10a. STREET AND NUMBER			10f.	ZIP CODE			N OF WHAT	COUNTRY?		
FUNERAL	2554 Garrett	Avenue			21218			USA			
5	1 Never Married 2 Married FORCES? 1 YES 2 NO It yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, W							I. RACE — Ar Black, Whit	nerican Indian, a, etc.		
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 XNO Specif	y:		Specify:	Black		
ED	15. OECEDENT'S EDU (Specify only highest grade	CATION COMPoleted)	16a. DECEOENT'S US	UAL OCCUPATIO	N M	16b. KIND OF BU	SINESS/INDUS	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of world life. Do NOT use n		a or working						
MP			Beauti	cıan							
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	Sumame)				
BE	William H. Mac	k	105 204 11 110 45	DDEEC (Observed)		Johnson Route Number, City or To		0.1	010		
임	Elizabeth Smi	th			t Aven				218 cyland		
	20a METHOD OF DISPOSITION	100	. PLACE AND DATE OF								
	1x Suriel 2 □ Cremation 3 □ Rem 4 □ Donation 6 □ Other (Specify)	noval from Stata cen	netery, crematory or other	place)	Comot	B/18/93	or Gre	aan .	Marvlan		
	21. SIGNATURE OF FUNDMAL SERVICE LIC			22. NAME AN	D ADDRESS OF FA	dry II.or	1701	Mc Cu	lloh St.		
	22. NAME AND ADDRESS OF FACILITY 1701 McCulloh S Chatman-Harris F/H Baltimore, Md212								,Md21217		
	23. PART - Enter tha diseases, or shock, or heary fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Reput	el Cell	2 0	LOET		piratory arres		Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due To (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition	ns contributing to death b	out not resulting in t	the underlying	ceuse given in	Part I. 24a, WAS A PERFO	RMED?	COMP OF DI	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)					
S	1 YES 2 NO	HOSPITAL:		THER: Nursing Home	5 🗆 Residence	6 Other (Specify)					
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C			28d. DESCRIBE HOW	INJURY OCCU	RED			
BY	1 🔀 Natural 5 🗌 Pending 2 📗 Accident Investigation				ES 2 NO						
ETED	3 Suicide 6 Could not be 4 Homicide datarmined	26a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, atre c/ly)	et, factory, office		28t. LOCATION (Street City or Town, State		Rural Route N	lumber,		
COMPLE		ICIAN: To the best of my know							manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R X		Т	29c. LICENSE NUI	MBER	29d. DATE S	IIGNED (Mont	n, Day, Year)		
0 8	- WHATON	7 Since					1 3	110 /2	3		
F	30. NAME AND ADDRESS OF PERSON WH 185eg DAy	O COMPLETED CAUSE OF DE			Drive	Suite 101	Town	my Ma	21704		
	MAR 18 1993	fulie Decydson A	HOUSE.					,			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dect. of Health and Mental Hotelee prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPA	ARTMEN' FICATI	OF H	IEALTH AND DEATH	MENTAL HYGIEN		
9	1. DECEDENT'S NAME (First, Migdle, Last) / Nompson	_				2. DATE OF DEATH MONTH 2	^{AY} 13 a	3. TIME OF DEATH YEAR 9.30 P.M m
		'In yrs. last birthde			IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	243-22-0662 1 M 2 F 71 9a. FACILITY NAME (If not institution, give street and number)	YRS		DAYS	HOURS MIN.	7/12/92 I		Porth Carolina
OR	SOUTHERN MARYLAND HOSPITAI			INTO	OR LOCATION OF E	DEATH		TY OF DEATH PG
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. (Wash	OR LOCAT	TION			10d, INSIDE CITY
	DC		wasn	ingt	on 			1 X YES 2 NO
BY FUNERAL	100. STREET AND NUMBER 1005 17th St NE, Apt #4			101	20002		USA	EN OF WHAT COUNTRY?
UNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT OF HISPA	INIC ORIGIN? (Specify Ye		14. RACE — American Indian, Black, White, etc.
ВУ Е	3 Widowed 4 Divorced 1942-40	ATES		If yes, sp	ecify Cuban, Mexic 2 NO Spec	an, Puerto Rican, etc.) //y:		SpecBlack
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	T'S USUAL O	CCUPATIO	ON set of working	16b. KIND OF BU	SINESS/INDU	JSTRY
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade None		-		Worker			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
BE	John Thompson 194. INFORMANT'S NAME (Type/Print)					e Wright		
01	Margaret Thompson				a,b, c,0	Route Number, City or Tow	m, State, Zip C	200e)
11	1 LX Buriel 2 ☐ Cremation 3 ☐ Removal from State	PLACE AND DAT			3/20/9	OATE 20c. LO	CATION - C	City or Town, State .11e, NC
	4 Donetion 5 Other (Specify) 121. SIGNATURE OF FUNERAL SERVICE LICENSEE	urphy C						Co., Inc.
	Quan Smill					treet NE, I		
	23. PARTI. Enter the diseases, or complications that coused shock, or heart failure. List only one cause on a	the death. Do	not enter	tha mo	da of dying, su	ch as cardiac or reap	iratory erre	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition							Onset and Death
	resulting in death) a. W P M / U DUE TO (OR AS A	CONSEQUENCE	OF):					
NO	Sequentially list conditions, b. Rend DUE TO (OR AS A	FOI LUY	OFI:					
ITIFICATION	cause. Enter UNDERLYING	ailure	2		_			
TIF	that initiated events resulting in death) LAST		OF):					
CER	PART II. Other significant conditions contributing to death b		a la the u	ad a Planta	a seuse china le	Boot I de mon	ALETTANAV	
MEDICAL	TATO SIGNIFICANT CONTROL CONTROL TO GENERAL DESCRIPTION OF THE PROPERTY OF THE	ot not resultin	g in the di	ideriyini	g cause given ii	Part I. 24a. WAS AN PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
							. M	DF GEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (C	heck only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outp	eatlent 3 🗆 DOA	OTHE	R:	1851	8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)		IME OF INJURY		RK?	28d. DESCRIBE HOW	NJURY OCCL	JRED
D BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY building, etc. (Spec	- At home, farm	n, street, fac		YES 2 NO	281. LOCATION (Street	and Number o	or Rural Route Number,
ETE.	4 Homicide determined					City or Town, State)		
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of examination							
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		,,		29c. LICENSE NU			SIGNED (Month, Day, Year)
10 18	20. NAME AND ADDRESS OF PERSONAMIA COMPLETED CALISE OF OF				017	467	▶ 3	15/93

19 RETEO CAUSE OF GEATH (ITEM 27) (Typo, Print) Ave clinton Branch 2073 old 700

A THE RESIDEN

3. TIME OF DEATH

14 more Cit

10d. INSIDE CITY

WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

1, YES THE NO

8. BIRTHPLACE (State or Foreign

Country

9c. COUNTY OF DEATH

10g. CITIZEN OF

25A- M

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 76-278 1 M 2 D HOURA MIN Yes completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should creamation, or removal. 9e. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1500 RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Mary and FUNERAL 101. ZIP CODE N. Monroe 2 rours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Ne 2 Merried BY 1 TYES 2 -NO 3 Wildowed 4 Divorced Specify. 1 H LYKGA - AMERKA COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) ouse once. 17. FATHER'S WAME (First, Middle, Last) notified at BE 19b. MAILING ADDRESS (State) 5 Pe 20e. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Ne must BAJE 3 20c. LOCATION 4 Depation 5 C Other (Specify) am medical examiner IGNATURE OF FUNERAL SERVICE LICENSEE 40 23. PART I. Enter the inseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition elumo IN IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, dysj AS A CONSEQUENCE OF FI. M. A. INFECTOR. After this certificate has been signed by the attending physician and com-with Q. 72 hours after death with the State Dept. of Heatth and Mental Hyglene prior to burial, ITANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic er CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPS PERFORMED? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER 1 YES 2 1010 Inputient 2 - ER/Outputient 3 - DOA 5 Residence 8 Other (Specify) 27. MANNER OF DEATH (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation BY 1 YES 2 NO TO THE FILM TO THE TO THE TO THE FILM TO THE FILM TO THE FILM TO THE FILM TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE THE TO THE THE TO THE THE T 28e. PLACE OF INJURY — At home, term, streat, factory, office building, etc. (Specify) 3 Suicide ETED 8 Could not be 4 Homicide determined COMPL 1 PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner as stated. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end men 29b. SEMATURE AND TITLE OF CERTIFIER 8 69 2 COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print)

32. REGISTRAR'S SIGNATURE

a Davidson

Bocker

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

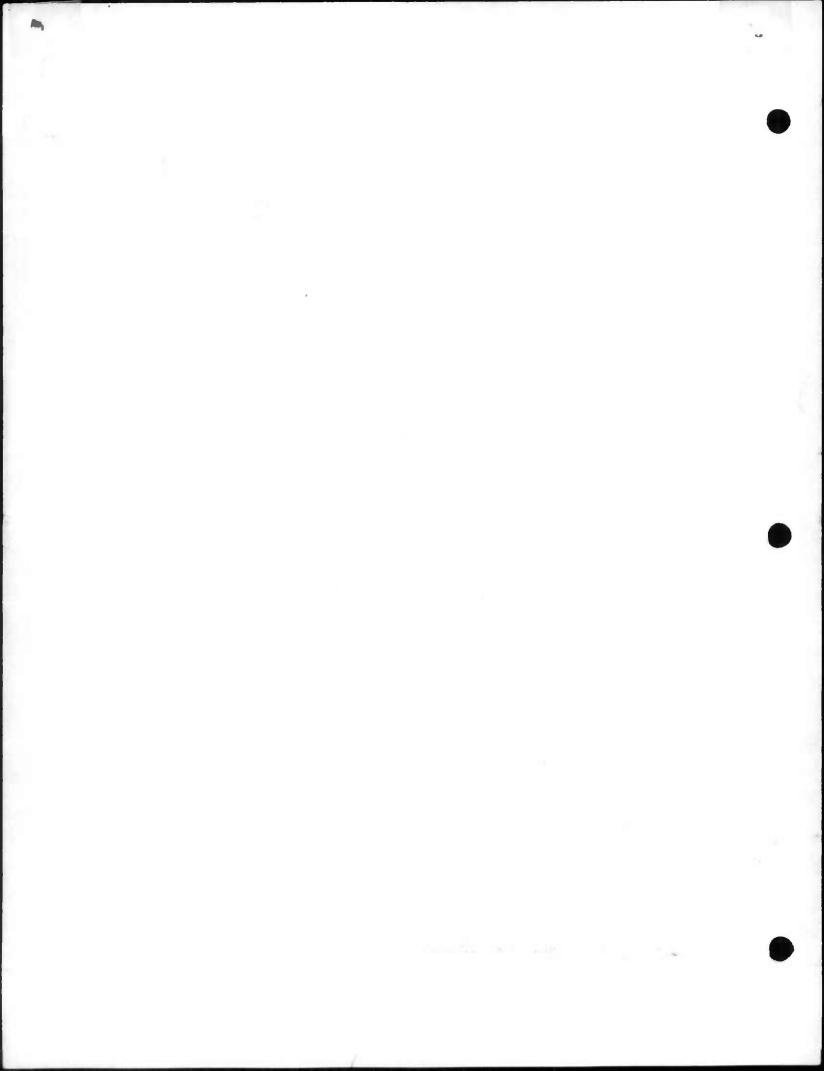
0 Approximate Interval Between **Onaet and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED Year)

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31. DATE FILED (Month, Day,

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ate	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HO.	TO THE FUA	be filed with	IMPORTAR

						93	U.	7333
1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND I	MENTAL HYGIEN REG. NO.	E	O	,000
1. DECEDENT'S NAME (First, Middle, Last)	of Wa	rd s	R		2. DATE OF DEATH DATE OF THE D	/-	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 77 214-26-0298	5. SEX 6. AGI	E (In yrs. last birthday) YRS.	IF UNDER 1 YI	AR IF UNDER 24 HRS. YE HOURS MIN.	7. DATE OF BIRTH	1	BIRTHPLA	CE (State or Foreign
9a. FACILITY NAME (If not institution, give str	17	i. Jan	96. CITY, TO	WN OR LOCATION OF DE		9c. COUNT	Y OF DEATH	• · · ·
10e. STATE 10b. COUNTY	· · · · · · · · · · · · · · · · · · ·	10c. CITY,	TOWN OR L	ocation timore				I. INSIDE CITY LIMITS?
MD . 10e. STREET AND NUMBER	2		Dal	10f. ZIP CODE 21206		10g. CITIZE	N OF WHAT	YES 2 NO
5725 Eastbury 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TES	2 2 NO	It ye	DECENDENT OF HISPAN s, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Rican, etc.)		7.5	- III-
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of we life. Do NOT use True	sual occu rk done durin retired.) CK Di	g most of working	16b. KIND OF BUS	SINESS/INDUS	STRY	
17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Malden	Surneme)		
Teroy Haneswor	th	105 MAII INO	DODESC (C	Bessie		- O 71- 0		
Mary Ward		5725	East	bury Roa	d Balto	, MD.	2120)6
20a. METHOD OF DISPOSITION 12 Burlel 2 Cremation 3 Remo 4 Donation 5 Cther (Specify)		Ob. PLACE AND DATE OF ometery, crematory or other		N (Neme of	3/69Ba1	CATION — CH		
21. SIGNATURE OF FUNERAL SERVICE LICE	Kurs	/csk	22. NAN	seph L.	Russ Fun			
1. Enter the diseases, or contained the shock, or heer fellure. LimiteDIATE CAUSE (Finel disease or condition resulting in death)	list only one ceuse on	eech line.	t enter the	mode of dying, suci	h aa cerdiec or respi	ratory erres	it, [Approximate Interval Between Onset and Death
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
(3 Serve	contributing to death	Pailur	Discou	r winger	PERFOR	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\text{\subset}\) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	stpatient 3 DOA	OTHER:	6. PLACE OF DEATH (Che	,,			

27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE H	OW INJURY OCCURED
3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, te	ctory, office	28t. LOCATION (St. City or Town, S	treet and Number or Rural Route Number, State)
2	AN: To the best of my knowledge, do				d manner as stated. e, end due to the cause(s) end manner es stated
296. SIGNATURE AND TITLE OF CERTIFIER	i no		29c. LIÇENSE NI	JMBER - L S &	29d. DATE SIGNED (Month, Day, Year)

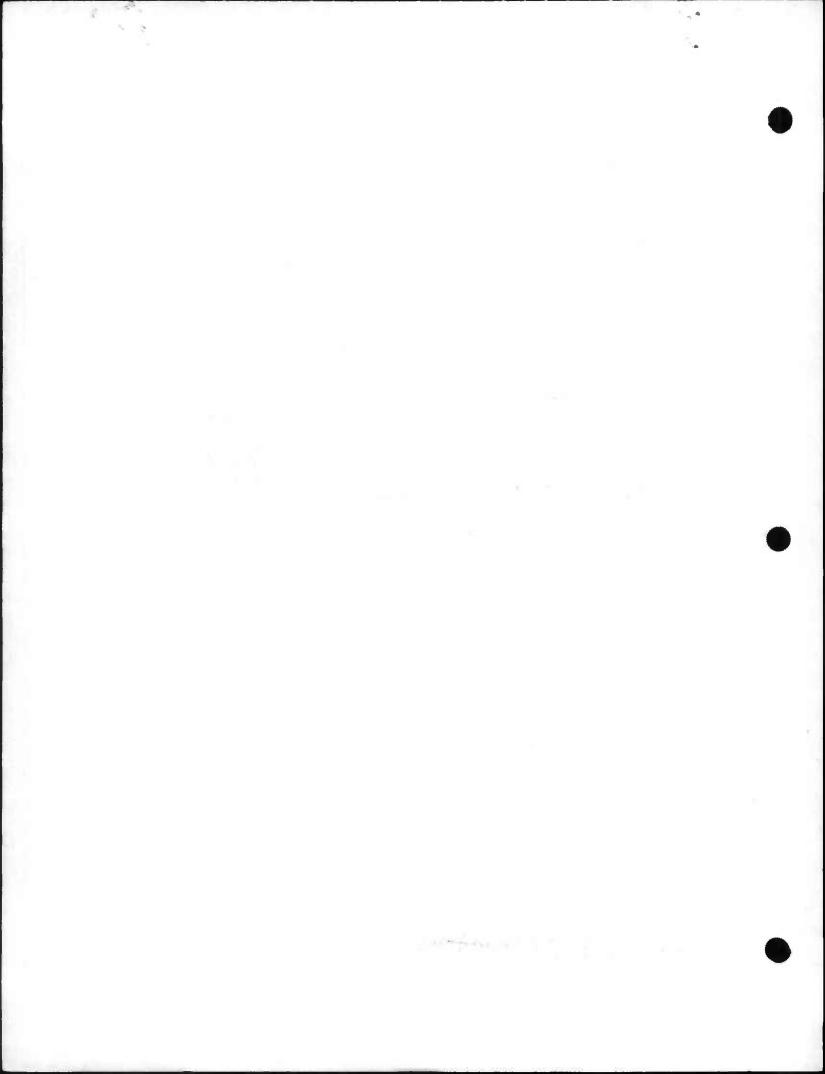
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARCOS (ALICIA M.D. B.M.

MAR COS

31. DATE FILED (MONTH, Day, Your)

MAR 18 1993 Day Con Trans



DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

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		1 - FOR STATE OF REGISTRAR		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	Ä	1. DECEDENT'S NAME (First, Middle, Last) Sylvia	Wi	lson	2. DATE OF DEATH MONTH 16,	1993 YEAR 2:30am M
should		4. SOCIAL SECURITY NUMBER 3. SEX 3. J. J. J. J. J. J. J. J. SEX 9a. FACILITY NAME (If not institution, give street and number)	58 YRS. MC	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN. b. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Voer) - 9 - 3 ATH	8. BIRTHPLACE (State or Foreign South Caraling) 8c. COUNTY OF DEATH
1, 2, 3	СТОВ	Maryland General	Hospital	Baltimo	re City	Y
permit. Pages	DIRE	10a. STATE 10b. COUNTY 10a. STREET AND NUMBER		THE CODE	ty	10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?
. usit	FUNERAL	2128 Walbrook		21	217	U.S.
21215-0020 all or attending physician. for use as the burial-transit	B	1 News Married 2 Married FORCES?	ENTEVER IN U.S. ADMED 1 TES: 2 NO WAR OR DATES	13. WAS DECENOENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black
21 10 pg a	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	5+) ille. Do NOT use n	k done durina most of workina	16b. KIND OF BUSIN	ESS/INDUSTRY
YLA by the be del	BE COMPL	David Woodham	7 9.0		ME (First, Middle, Maiden Su ECALFO	mame)
	TO B	Nokomis ()	19b. MAJLING AC	Bruce Ct. 19	Toute Number, City or Town.	Stelle, Zip Code) MD 21,217
m > a -		20 METHOD OF DISPOSITION 1	20b. PLACE ANO OATE OF I cemetery, crematory, or other		OATE 20c. LOCA	TION - City or Town, State
BALTIMORE, nours after death. Page 6 may be do in by the funeral director, page or removal. medical examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE - June Cluris	ll.	22. NAME AND ADDRESS OF FA	oll Funer	al Home. Balto. MiD
nin 24 hours aft leby filled in by mation, or remo		resulting in death) a	nat caused the death. Do not have on each line. OSIS OF the li		h as cardiac or respirat	tory arrest, Approximate Interval Between Onset and Death
OX 687 be execute cician and cr ior to buria	ATION	Sequentially list conditions,	Failure O (OR AS A CONSEQUENCE OF): Lageal Carcinon	ıa		
P.O. E h certifical anding phy Hygiene p or other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	O (OR AS A CONSEQUENCE OF):			
RECORDS requires that the dopen signed by the get Health and Meres thousand injury.	MEDICAL	PART II. Other significant conditions contributing	o death but not resulting in	the undarlying cause given in	Part I. 24a. WAS AN AU PERFORMI 1 YES 2X	ED? AMAILABLE PRIOR TO
TAI The little has ate De	SICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 YNO 1 X Ingester 2		26, PLACE OF DEATH (Ch		
OF. OPHYSICIA this certification with the rice of the control of the certification of the cer	РНУ	27. MANNER OF CEATH 28s. DATE (1 Pilotural 5 Pending		Nursing Home 5 Residence OF 26c. INJURY AT WORK? M 1 YES 2 ND	28d. DESCRIBE HOW INJU	URY OCCURED
S = 5 = 8	ETED BY	2 Suicide 28e. PLACE	OF INJURY — A1 home, farm, stre g, etc. (Specify)	vet, factory, offics	281. LOCATION (Street and City or Town, State)	1 Number or Rural Route Number,
로 국 전 ==	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of				
TO THE HOSPI TO THE FUNER De filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIED	>		n/a	Ped. DATE SIGNED (Month, Day, Year) 3/116/93
3	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA Joseph Robinson,		c/o Maryland	General Hos	pital
		MAR 18 1993 Julia Devis	AAR'S SYNATURE			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	ITICA	IEU	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	Suzanne L.	Whitso	2)6	7	on	2. DATE OF DEATH MONTH D.	1 /	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birth	nday) if the	DER 1 YEA		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	214 52 8148			RS. MONT	7		(Month, Day, Year)		Country)
	9e. FACILITY NAME (If not institution, give		12				02/11/19		Maryland
œ	3 West 7th Av					N OR LOCATION OF O	EATH		ITY OF DEATH
2	RESIDENCE OF DECEDENT	enue			alti	more		Ann	e Arundel
E	10e. STATE 10b. COUNT	ГУ	100	c. CITY, TOW	W OB LO	CATION			10d. INSIDE CITY
DIRECTOR	Maryland An	ne Arundel		Balt					LIMITS?
	10e. STREET AND NUMBER			Dairo	1				1 YES 2 X NO
FUNERAL						10f. ZIP CODE			ZEN OF WHAT COUNTRY?
빌	3 West 7th Ave					21225			.S.A.
립	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS OECEDENT EVER I FORCES? 1 YES	N U.S. ARMED			DECENOENT OF HISPAN specify Cuben, Mexica	NIC ORIGIN? (Specify Yes	or No-	14. RACE - American Indian, Black, White, etc.
≱ l	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D				ES 2 NO Specifi			Specify:
	16. DECEDENT'S EDI	I	I management				Total Maria		White
	(Specify only highest grad		16a. OECEDE (Give kin	NT'S USUA	ne during	NTION most of working	16b. KIND OF BU	SINESS/IND	USTRY
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5+)	4		ю.)				
COMPLETED		3 years	Upti	ician					
	17. FATHER'S NAME (First, Middle, Last)	Howhout Idei					ME (First, Middle, Maiden	Sumeme)	
BE		Herbert Whit					mie Iaacs		
2	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow		
_	David Whitson		843	۶ Mir	amar	Road P	asadena, M	aryla	and 21122
	20a. METHOD OF DISPOSITION 1 M Burlel 2 □ Cremation 3 □ Ren	novel from State	D. PLACE AND D	ATE OF DIS	POSITION	(Name of	OATE 20c. LO	CATION - C	City or Town, State
	4 Donation 5 Other (Specify)	- C	len Ha	ven 1	Temo:	rial Park	3/17 G1	en Bu	rnie, Maryla
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE 1	1		22. NAME	AND ADDRESS OF FA	CILITY		
)	Decome -	manucow	oh				ce Funeral		
_	20 70 70 50 10	FIT Forest the diseased is complications that are all the states of the diseased is complications that are all the states of the							
ľ	shock, or heart fellure.	List only one ceuse on a	d the deeth.	Do not en	iter the	mode of dying, suc	h as cerdlec or reepi	ratory erre	eet, Approximete
ł	IMMEDIATE CAUSE (Finel	1		- 11	_	1 11		_ /	Open tond F
	disease or condition resulting in deeth)	· cauce	10/	1 HU	2 7	taller.	21an 7	UB	e 8 m
		DUE TO (OR AS	A CONSEQUEN	CE OF):	/				
<u> </u>	Sequentielly list conditions,	b							
	If any, leading to immediate	DUE TO (OR AS A	A CONSEQUEN	CE OF):					
<u> </u>	CAUSE (Disease or injury	C							
ë I	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUEN	CE OF):					
CERTIFICATION	L.	d							
	PART II. Other significent condition	ns contributing to deeth t	out not result	ting in the	underly	ing cause given in	Part I. 24s. WAS AN	AUTOREV	24b. WERE AUTOPSY FIND
8 I					3.1.4011)	g one oo given iii	PERFOR		AVAILABLE PRIOR TO
EDICAL							1 🗆 YES 2	□ NO	COMPLETION OF CAU OF DEATH?
ž									1 TES 2 NO
z I				_					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN	1 YES 2 NO	1 Inpetient 2 ER/Outp	patient 3 D	OA 4 🗆		ome 5 - Residence	e Other (Specify)		
E	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b	TIME OF		INJURY AT WORK?	28d. OEŞCRIBE HOW I	NJURY OCC	UREO
BY	1 Natural 5 Pending 2 Accident Investigation			N		YES 2 NO			
a U	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, fe	orm, atreet,	factory, o	ffice	28f. LOCATION (Street a	nd Number o	or Rural Route Number,
ш	4 Homicide determined		y/				City or Town, State)		
ן ב	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	rledge, death ~	ocurred at a	ne time 4	ets and place and dis-	to the councies and		4
COMPLET		ER: On the basis of examination							
8				-general III II	-, opinor			u due to the	- couse(s) and manner as state
닒	29b. SIGNATURE AND TITLE OF CERTIFIE	01	,		1	29c. LICENSE NUM	ABER	29d. DATE	SIGNED (Month, Day, Year)
ō	Soun 2	cen	ce 1	w					
-	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF OE	ATH (ITEM 27)	(Type, Print)					
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE						
	MAR 18 1993	tura veridoon-go	ndell						
	*		-						

and see on Year Sta

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit merrini. Pages 1.2 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYGIENE REG. NO.	93	07336
1. DECEDENT'S NAME (First, Middle, Last	Yary I	, willier	n,i		2. DATE OF DEATH DAY	YEAR 93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEST	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Fore

	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	Mary I, Williams		3 11	93	7:30 P M
	4. SOCIAL SECURITY NUMBER 5. SEST 0. AGE (In yrs. last birthday) IF UNDER 1 YEA MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 8-30-2	8. BIRTH Count	IPLACE (State or Foreign
E .	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOW	N OR LOCATION OF DEA		9c. COUNTY OF O	EATH
6	RESIDENCE OF DECEDENT	100			
DIRECTOR	10e. COUNTY 10c. CITY, TOWN OR LO Ba A	CATION	· ·		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1556 N. Carey St	10f. ZIP CODE		10g. CITIZEN OF V	~ _
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS I	DECENOENT OF HISPANIA	C ORIGIN? (Specify Yes	Or No. 14 PACI	- American Indian,
B	1 Never Married 2 Married FORCES? 1 YES 2 NO it yes.	specify Cuben, Mexican, ES 2 NO Specify:	, Puerto Rican, atc.)	Black	k, White, etc.
8	15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUP. (Give kind of work done during	TION	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	(Specify only highest grade completed) [Give kind of work done during life. Do NOT use retired.) [Give kind of work done during life. Do NOT use retired.)	,			
	17. FATHER'S NAME (First, Middle, Last)		E (First, Middle, Maiden S	Sumame)	
TO BE	19a., INFORMANT'S NAME (Type/Print) . 19b. MAILING A OORESS (Stre	et and Number or Rural Ro	oute Number, City or Town	, State, Zip Code)	
	20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION campaign cramator or other clare.	(Name of		ATION - City or To	wn, State.
	4 Donetton 5 Other (Specify) Sources To	ANO ADDRESS OF FACE	1/1/93 (00	vings	M1/15, and
ì	Mada Wane) Hay	SE A	West	Nue	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the	mode of dying, such	as cardiac or respir	atory arreat,	Approximata
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF):			HE 2 II. THE VIEW	Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate b. Due TO (OR AS A CONSEQUENCE OF):				
MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):				
CERT	resulting in death) LAST				
7	PART II. Other algrifficant conditions contributing to death but not resulting in the underly	ing cause given in P	art I. 24s. WAS AN A		WERE AUTOPSY FINDINGS
5	Olron aficience Anemio		PERFORM	4	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Ochectrolyte embolances 20 to above		_ 10123 2/	S ONC	OF DEATH? 1 ☐ YES 2 → NO
¥	25. WAS CASE REFERRED TO MEDICAL 28	PLACE OF OEATH (Chec	tranticana)		
Sic	HOSPITAL: OTHER:		100 100 100		
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Mgnth, Dgy, Year) 1. Metural 5. Reporting	WORK?	Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURED	
D BY	Accident Investigation	YES 2 NO	281. LOCATION (Street an City or Town, State)	nd Number or Rural F	loute Number,
E.					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, d 2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinior) end menner es stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMB		29d. DATE SIGNED	E/-CG;
2	38 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)			5/11	142
	J. BUSSET- JOES , HD 22 S. Green St. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	Battemore,	40 212	0/	
	MAR 18 1993				

Ashir Davidson- Manufalle

FOR

1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last	" _			DEATH	REG. NO	DAY YE	3. TIME OF DEATH
	Jacqueline	D.	Wiggin			03		93 0040
	4. SOCIAL SECURITY NUMBER	S	AGE (In yrs. lest birthday	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Forei
8	214-56-2993	3 1 D M 2 XF	4/ YRS.			10-13-	51	MG
œ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
5	Sinai Hospita	1.		Bal	timore			
DIRECTOR	10s. STATE 10b. COUN	ITY	10c. C	TY, TOWN OR LOCA	ITION			10d. INSIDE CITY
	Ma			BALTIN	10RE			1 YES 2 N
3AL	10e. STREET AND NUMBER	1 -1	1.15	.10	OI. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNER	311/2 WIDE	VEGERE	HUE		2/2/		U	JH,
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 AND	If yes, s	pecify Cuben, Mexica	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.)	ns or No- 14.	RACE American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YE	S 2 NO Specif	y:		Specify Black
ED	15. DECEDENT'S ED (Specify only highest grad	DUCATION	16a. DECEDENT	'S USUAL OCCUPAT	ION	16b. KIND OF BU	JSINESS/INDUST	TRY
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ost or working			
COMPI	9th			NEMP				
00	17. FATHER'S NAME (First, Middle, Last)	11.261			18. MOTHER'S NA	ME (First, Middle, Maider	Sumame)	1
BE	19g. INFORMANT'S NAME (Type/Print)	RIGHT	40	10 1000000	DEA	+RICE	BRAI	NOON
10	DAINE MONE LI	F. Illian	M/C 27	ADDRESS (Street	end Number or Rural	Route Number, City or To	wn, State, Zip Coo	Bollo In
	20a. METHOD OF DISPOSITION	- W1491	20b. PLACE AND DATE	E O E DISPOSITION /A	ioma of	DATE 200 1	DCATION City	or Town State
	1 Donation 8 Other (Specify)	movel from State	semetery, crematory or	other place)	K	3/20/92 Pa	11/1/4	an Md
	21. SIGNATURE OF FUNERAL SERVICE L	LICENAME /	THING WIE		ND ADDRESS OF FA	CILITY)_	Mamilia	CA JIF C
	Monte	Plusas)	Mar	ch 5. H.	West	N.0	
	23. PART i. Enter the diseasea, or	r complications that o	aused the death. Dr	not enter the m	ode of dving and	h es cerdies or man	diretory error	Approximet
	shock, or heart failure IMMEDIATE CAUSE (Finel	e. List only one ceuse	on each line.				y andat	interval Bet
	disease or condition	- ACHTE MI	ARCOTIC IN	ΤΟΥΙΟΔΤΙ	O N			Silver and t
	resulting in death)		R AS A CONSEQUENCE		Ų.IV			
Z	Sequentially list conditions,	, p						
AT Y	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	R AS A CONSEQUENCE	OF):				
길	CAUSE (Disease or injury	C	R AS A CONSEQUENCE	OFI:				
CERTIFICATION	that initiated events resulting in death) LAST	- 22 10 (01		r				
		. d.						
SICAL	PART II. Other significant condition	ons contributing to de	eth but not resulting	g in the underlyle	ng cause given in	Part I. 24a. WAS AF	N AUTOPSY PRMED?	24b. WERE AUTOPSY FING MAJLABLE PRIOR TO
ᆲ						VES	2 🗌 NO	COMPLETION OF CAL DF DEATH?
						_		1 TYES 2 THO
	25 WAS CASE DEFENDED TO MEDICAL				LACE OF DEATH (Ch	eck only one)		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Differentiate of Control	OTHER:	-6-			
			R/Outpatient 3 DOA JURY 28b. Ti	OTHER:	me 5 🗆 Residence		INJURY OCCUP	ED
PHYSICIAN:	EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2X EF 28a. DATE OF INJ (Month, Day)	JURY 28b. Ti	OTHER: 4 Nursing Ho ME OF 28c. IN NJURY	me 5 Residence JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
BY PHYSICIAN:	EXAMINER? 1 Xes 2 No 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 English	JURY Year) 28b. Ti	OTHER: 4 Nursing Holiman IME OF NJURY 28c. IN W 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW UNKNOWN 281. LOCATION (Street	and Number or F	
ED BY PHYSICIAN:	EXAMINER? 1	1 Inpatient 2 EP 28a. DATE OF IN. (Month, Day, UNKNOWN 28e. PLACE OF IN	JURY 28b. Ti	OTHER: 4 Nursing Holiman IME OF NJURY 28c. IN W 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	and Number or F	
PLETED BY PHYSICIAN: MED	EXAMINER? 1 X VES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER 1 CERTIFYING DAY	28e. PLACE OF IN- 28e. PLACE OF IN- building, etc. UNKNOW	JURY Year) 28b. Ti II U N NJURY — At home, ferm U N	OTHER: 4 Nursing Ho IME OF NJURY 28c. IN NJURY 1 In, streel, fectory, offi	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW UNKNOWN 28f. LOCATION (Street City or Town, State UNKNOWN	end Number or F	
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BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 X Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHY ONly) 2 MEDICAL EXAMINATION AND ADDRESS OF PERSON W. J. Laron Lock	28a. DATE OF IN. (Month, Day, UN KNOWN 28a. PLACE OF Inbuilding, etc. UN KNOWN 28a. PLACE OF Inbuilding, etc. UN KNOWN NER: On the best of my NER: On the best of examples of	JURY Year) 28b. Ti III U N NJURY — At home, ferm 2. (Specify) N N N NURY — At home, ferm 2. (Specify) N N N N N N N N N N N N N	OTHER: 4 Nursing Ho- IME OF 28c. IN NJURY 1 1 1, streel, fectory, offi mind at the time, data titon, in my opinion,	JURY AT ORK? YES 2 NO ce e and place, end due death occured at the	28d. DESCRIBE HOW UNKNOWN 28f. LOCATION (Street City or Town, State UNKNOWN 10 lihe cause(e) end me lime, date and place, e WBER M. E.	end Number or F	Rurel Route Number, suse(e) end menner as at GNED (Month, Day, Year) 15 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Mary 1 1901 8 1 9AM

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Prack

1 X YES 2 NO

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

AMILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 TIMO

DC

USA

1323 PH

hours after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020

signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

has been a

this certificate ha

FUNERAL DIRECTOR: After twithin 72 hours after death

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is marked.

Item 28

IMPORTANT: If

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MEDICAL CERTIFICAT

PHYSICIAN: Item 23

B

COMPLETED

BE

2

2 Accident

3 Suicide

4 Homicide

8 Could not be

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY WILLS DUZANNE 03-12 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 X M 2 | F YRS. 579-405258 6/14/31 Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHINGTON ADVENTIST HOSPITAL RESIDENCE OF DECEDENT TAKOMA PARK PG10b. COUNTY 10c. CITY, TOWN OR LOCATION TAKOMA PARK MD PG 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20912 7667 Maple Ave 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2♥ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 NO 1 Never Married 2 Marri If yes, specify Cuban, Mexican, Puerto Rican, 1 TES 2 X NO Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high dary (0-12) 12 Yrs None (1-4 or 5+) GW Hosp Staff 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry C Settle Jr Olive Williams 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Avenue, Bladensburg 20710 Cynthia Truesdale 3801 Kenilworth 20a METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Ton Suitland, Md 3/20/93 Ethcolm Memorial 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY ohn T Rhines Co., Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3030 12th St NE, DC 20017 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition resulting in death) vanced DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1 NO Duerne un smakich 25. WAS CASE REFERRED TO MEDICAL 26. PLACE HOSPITAL: OTHER: 1 YES 2 NO atlent 2 - ER/Outpatient 3 - DOA 28s. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28h TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO

only one)		_
Other (Specify)		
8d. DESCRIBE HOW INJURY (OCCUREO	
8t. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,	-

ı	29a. CERTIFIER (Check only	1 DEFITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.
۱	one)	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as state

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Me oth, Day, Year)

20129

30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITEM 27	(Type, Print)
A. 1	4 · C(4	A CEC	7610	Car

327REGISTRAR'S SIGNATURE

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

DHMH-18 Rev 1/89

MD 20912

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	500							-	33	01333	
	1 - FOR STATE REGISTRAR	STATE OF MARYLAI		ITMENT OF HICATE OF			L HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	19.1000	2. DAT						2. DATE OF DEATH DAY YEAR 3. 1		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	5. SEX 6. AGE (In yrs. lest birthday) IF I				7. DATE OF BIRTH			M IPLACE (State or Foreign	
	436-26-4531	11⊠M2□F 67	YRS.	MONTHS DAYS	HOURS M	(Mont	22/25		Count	"Orleans, La	
стоя	9a. FACILITY NAME (If not institution, give s HOLY CROS	· ·		96. CITY, TOWN C	R SPRI			9c. COU M(NTY OF O	SMERY	
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE MD MON	r TGOMERY		Y, TOWN OR LOCAT						10d. INSIDE CITY LIMITS? 1 XXES 2 NO	
FUNERAL	10s. STREET AND NUMBER			101	ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?	
NEF	11002 CHILDS S		1912.7		20901				SA		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN U FORCES? 1 A YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		exican, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACI Black Spec	E — American Indian, k, Whita, etc. #y: Black	
TED	15. DECEOENT'S EDUK (Specify only highest grade	CATION 1 completed)	6a. DECEDENT'S	USUAL OCCUPATION	ON ist of working	168	. KINO OF BUS	SINESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) 12 Yrs 3	College (1-4 or 5+) Yrs	iiю. Do NOT u Program	Analyst							
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	S NAME (First,	Middle, Malden	Surname)			
BE (George Wilson	Sr				nie Sc					
5	19a. INFORMANT'S NAME (Type/Print) Rose Wilson		Same	as 10a,	b, c, d,	e,&f	ber, City or Town	n, State, Zip	Code)		
	20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	D ADDRESS O	F FACILITY JO		hine	s Co	., Inc.	
NO	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	e Jour to (on as a co	h line.	toy !	UHR	ea	/		-	Approximate interval Between Onset and Death	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL O	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO 25b. WERE AUTOPSY PRIDING OF DEATH? 1 VES 2 NO									MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY	
CIAN	25. WAS CASE REFERRISO TO MEDICAL EXAMINERY				ACE OF DEATH	4 (Check only or	ne)				
YSI	1 TYES PENO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpeti	ent 3 🗆 DOA	OTHER: 4 Mursing Hom							
ву Рн	27, MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Near)		28b. TIME OF NUMBER OF WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, fectory, office	•		ATION (Street a or Town, State)	nd Number	or Runki F	Isute Number	
COMPLETED	MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination a								and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	y Much			296 LICENSE			29d. DAT	E SIGNED	(Morsh, Day, War)	

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
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SILVER STRING

DELANE MD

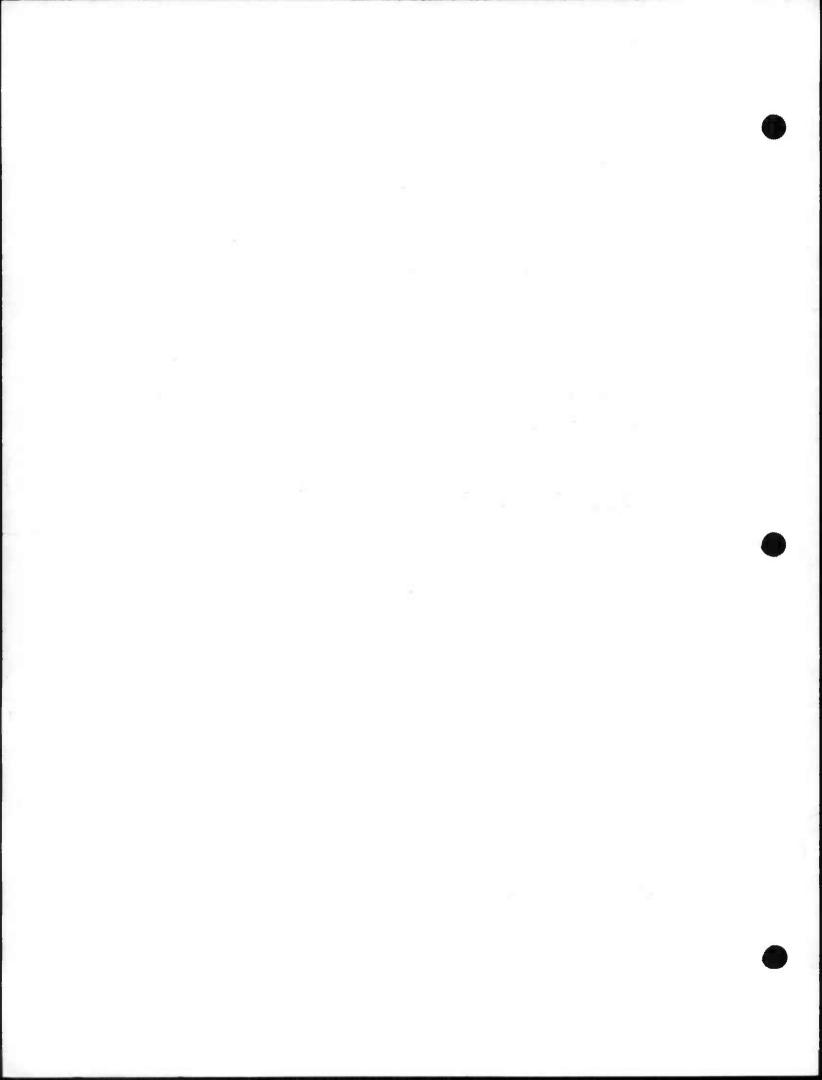
31. DATE FILED (Month, Day, Year)
MAR 18 1993

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THE RESERVE OF THE RE

TO BE COMPLETED BY	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Pal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the l	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the la
ir death. Page 6 may be retained by the hospital or attending p	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending a

FOR 1 - STATE		STATE OF I	MARYLAN	D / DEPAF	TMENT	OF H	EALTH	AND	MENT	TAL HYGIEN	E .	J	0 10 10
REGISTRAR				CERTIF	ICATE	OF	DEA	ГН	, -	REG. NO.			
1. DECEDENT'S NAME (Fire	_	[rene								TE OF DEATH	W	YEAR	3. TIME OF DEATH
GLORIA			UKOV	ISK:			0		993	10:50 P'			
4. SOCIAL SECURITY NUM	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1	DAYS	IF UNDER		7. DA	7. DATE OF BIRTH (Month, Day, Year) 10-17-1929			IPLACE (State or Foreign	
220-20-3	429	1 🗌 M 2 🔯 F	6	3 YRS.	MONTHS	DAYS	HOURS	MIN.	1 (0 - 17 - 19	929	Ma	"yland
9a. FACILITY NAME (# not	institution, give st	reet and number)			9b. CITY,	TOWN 0	R LOCATI	ON OF DI			_	INTY OF D	
500 tit 0	7+1- 01												
502 W 2	7th S'	L K E E T			BAI	TI	40RF	CI	TY				
10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OF	R LOCAT	ON						10d. INSIDE CITY
Maryland	_							Ва	1ti	imore			LIMITS?
10s. STREET AND NUMBER	101, ZIP CODE						10n CIT	IZEN DE V	VHAT COUNTRY?				
	502	W. 27t	h Str	eet					212	211		US	
11. MARITAL STATUS		12. WAS DECEDEN	T EVED IN II C	ADMED	40.14	70.050	MOENT O	F 1110011					
1 Never Married 2	Married	FORCES? 1	YES 2	MNO	H	yes, spe	cify Cuba	n, Mexica	in, Puer	GIN? (Specify Yes to Rican, etc.)	or No—	Blac	E — Americen Indian, k, White, atc.
3 Widowed 4 Div	orced	IF YES, GIVE V	AR OR DATES	3	1	YES	2 X NO	Specif	y:			Spec	"y white
15 DE	CEDENT'S EDUC	CATION	1 46.	DECEDENTIA	Univi on	01101710						<u> </u>	
(Specify or	ly highest grade	completed)	168	(Give kind of	work done di	uring mos	N I of workin	g	1	16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary	0-12)	College (1-4 or 5	+)	Long						1	To	m = 1-	0.16
				Home	шаке	τ					nome	emak	er
17. FATHER'S NAME (First,)		a n n 1-					18. MOTI			t, Middle, Maiden		-	
Kenn	eth Fr	ank				- 1		C	ath	nerine	Wol	. Í	
19a. INFORMANT'S NAME (umber, City or Town			
Daniel A	Zuko	owski,	Sr.		W.								D 21211
20a. METHOD OF DISPOSIT	TION		20h BL 4	CE AND DATE	DE DISBOSIT	TION (No.	noof			ATE 20c, LO	CATION	City or To	- 24-4-
1.X Burial 2 Cremati 4 Donation 5 Othe	on 3 🗆 Ramo	oval from State	cemetery	v, crematory or o	ther place)	I ION (Nar	ne or	Q	2	/1 0 0 0	CATION —	City or 10	le, MD
21. SIGNATURE OF FUNER		ENGEE	Mal	yranu						19 010	owns	SVII	re, MD
21. SIGNATURE OF TUNER	AL SERVICE CIC	ENSED	1	_	22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home								
lau	12 Hi	(MACE)	la)						ad Bal			21211
disease or condition resulting in death) e. Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
													+
PART ii. Other signific	ent condition	e contributing to	deeth but n	ot resulting	in the und	leriying	cause ç	iven in	Part I.	24a, WAS AN		24b	WERE AUTOPSY FINDINGS
										PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
										1 T YES 2		.	OF DEATH?
										INQU	TKX		1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL T												
EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:		CE OF D						
1 X YES 2 NO		1 Inpatient 2		# 3 🗆 DOA	4 - Nursi	ng Home	5 X Re	sidence	6 🗆 Ot	ther (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY sy, Year)	28b. TIM	E OF 2	28c. INJU			28d, 0	ESCRIBE HOW I	JURY OC	CURED	
1 Natural 5 2 Accident	Pending Investigation				M		ES 2 [NO					
2 D Sutates -	Could not be	28s. PLACE O	F INJURY A	t homa, farm,	treet, factor	ry, offica			281. L	OCATION (Street a	nd Numbe	r or Rural F	Route Number,
4 Homicide	determined	ounding,	atc. (Specify)						Ci	ity or Town, State)			
29a. CERTIFIER	TIEVING BUILD	MAN. P	-10-1-			_							
		CIAN: To the best of											
2 ANMEC	TUAL EXAMINE	1: On the basis of a	camination and	s/or investigation	n, In my op	inion, de	ath occur	ed at the	1lme, de	eta and placa, and	d dua to 1	he cause(a) and manner as stated.
296. DIGNATURE AND TITLE	OF CERTIFIER	1/		_			29c. LICE	NSE NUN	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
Would	: (ma)	yhell.					0	C M	C				
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) /7/ma	Print1		U.	C.M	<u>. L.</u>		U	3/ I	6/1993
								-					
MARGARITA 31. DATE FILED (Month, Day,	- PIO AIM	32. REGISTRA	and the same	Penn	Str	eet	, B	alt.	ımo	re, Ma	ryl	and	21201
	qq3	Alia Devid	and An	delle									
		THE PERSON NAMED IN COLUMN 2 IS	A										



DIVISION OF VITAL RECORDS P.O. BOX 68760

	FOR 1 STATE	STATE OF MARYLAND / I	DEPARTMENT OF HEALTH	AND MENTAL HYGIEI	33 U/341						
	REGISTRAR	CE	RTIFICATE OF DEAT	H REG. NO							
	1. DECEDENT'S NAME (First, Middle, Lest) Kevin	Lamont	7 -7		3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER	Lamont 5. SEX 6. AGE (In yrs. last)	Adams birthday) FUNDER 1 YEAR		0 1993 7:33 A.M						
		(PM)2 1 F 17	YRS. MONTHS DAYS HOURS	MIN. 7. DATE OF BIRTH (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)						
~	9a. FACILITY NAME (If not institution, give st		9b. CITY, TOWN OR LOCATIO		9c. COUNTY OF DEATH						
стоя	2219 Elsinore	Avenue	Baltimor	e City							
III I	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY						
DIR	MID		RATED		IMITS?						
FUNERAL	100. STREET AND NUMBER 5 NEDRII 7		10f. ZIP CODE	20	10g. CITIZEN OF WHAT COUNTRY?						
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARM		HISPANIC ORIGIN? (Specify Ye	se or No. 14. RACE — American Indian,						
Β¥	1 Mever Married 2 Married 3 Wildowed 4 Diverced	FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES		Mexican, Puerto Rican, etc.) Specify:	Black, Whitehels. Specify: S. A.C.R.						
ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give	EDENT'S USUAL OCCUPATION It kind of work done during most of working	16b. KINO OF BL	JSINESS/INDUSTRY						
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	semployed								
ш	17. FATHER'S NAME (First, Middle, Lest)	Adams	18. MOTH	ER'S NAME (First, Middle, Maider	n Sumame)						
TO B	19a. INFORMANT'S NAME (Type/Print)	M 19b.	MAILING ADDRESS	Paral Route Number, City or Tox	wn, State, Zip Code)						
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	wal from State 20b. PLACE AN	DDATE OF DISPOSITION (Name of states) of other place	SALE 20C.	PCATION — City or Town State						
	4 Donation 5 Other (Specify)	1/1//	CION CETTE 18	4 1/6 15	ATYD (11)						
	Dunenge o	t. Red	22. NAME AND ADDRESS	JORAL SORVIE	LE 1721 N. MONROC						
	23. PART I. Enter the diseases, or c shock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the deel ist only one cause on each line. Gunshat V DUE TO (OR AS A CONSECU	Vound of C	g, such as cardiec or resp	oiratory arreat, Approximata interval Between Onset and Death						
NOI	Sequentially list conditions, If any, leading to Immediata OUE TO (OR AS A CONSEQUENCE OF):										
CATIO	cause. Entar UNDERLYING				į						
ERTIFI	that initiated events resulting in death) LAST d.										
C	PART ii. Other aignificant conditions	contributing to deeth but not res	suiting in the underlying cause gi	ven in Part i. 24a. WAS AF	N AUTOPSY 24b. WERE AUTOPSY FINDINGS						
MEDICAL				PERFO	RMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO						
ž					123 7 10						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ATH (Check only one)							
VSI(1√2 YES 2	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Home 5 Resi	idence (Specify)	Vestibule						
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW							
à	1 Naturel 5 Pending 2 Accident Investigation	Found, 29, Year) 03710/1993 7	Found 1 ves	Subject							
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, etc. (Specify)		City or lown, State	and Number or Rural Route Number,						
4	And CERTIFIED		und- vestibul		sinore Avenue						
COMPLET	(Check only	EAN: To the best of my knowledge, death R: On the basis of examination end/or inv			nner as stated, nd dus to the cause(s) end menner as stated.						
H	296. SIGNATURE ANOTHTLE OF CERTIFIER	1. Chart us		SE NUMBER . C . M . E .	29d. DATE SIGNED (Month, Day, Year) 03/10/1993						
일	30. NAME AND ADDRESS OF PERSON WHO				, ,						
			enn Street, B	altimore, M	Maryland 21201						
	31. DATE FILED (Month Day Yer)	32. REGISTRANTS SIGNATURE									

Marine For Ford Control

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

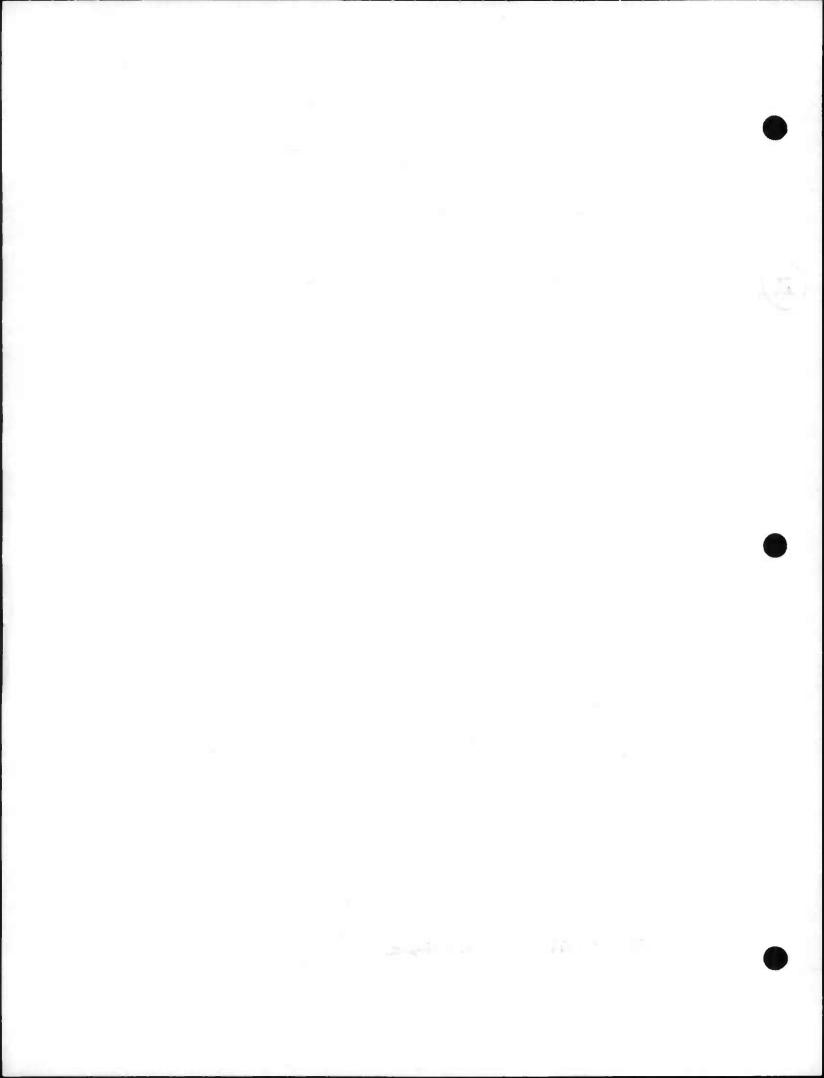
	1 - STATE REGISTRAR		CERT	FICATE OF	DEATH	1	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH			3. TIME OF DEATH	
	ETHEI		ALFORD				MONTH DA	2	YEAR	4.45 PH	
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthda		IF UNDER 24		DATE OF BIRTH	1	BIRTHE	PLACE (State or Foreign	
- 3	219-30-1747	1 🗆 M 2 💢 F	9 YRS	MONTHS DAYS	HOURS I	WIN.	12728/193	3 D	ILL	on, s.c.	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
5	2915 W. COLDSPRING LN. BALTIMORE										
[[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ	10c. (CITY, TOWN OR LOC	TION					10d. INSIDE CITY	
DIRECTOR	MD			BALTIM					- 1	LIMITS?	
	10e. STREET AND NUMBER				H. ZIP CODE	_		10a, CITIZI		HAT COUNTRY?	
FUNERAL	1713 N. PULASKI	STREET			21217				S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVE					ORIGIN? (Specify Yes	or No- 1	4. RACE	— American Indian, White, etc.	
ВУ Б	1 📉 Never Married 2 🗌 Married 3 🗌 Widowed 4 🗍 Divorced	FORCES? 1 Y		If yes, s	S 2 NO	Mexican, Pr Specify:	uerto Rican, etc.)		Specify	BLACK AMERICAN	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDEN	I'S USUAL OCCUPAT	ON		16b. KIND OF BUS	HNESS/INDU			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	r work done during in use retired.)	ost or working						
를	12		SEAM	ISTRESS			JOSEPH	BANK	COM	PANY	
8	17. FATHER'S NAME (First, Middle, Last)						First, Middle, Maiden	Surname)			
H	JAMES ALFORD				CARR		ALFORD				
임	19a. INFORMANT'S NAME (Type/Print)						Number, City or Town			ANTD 21216	
	WILLIAM MATTHEW 20a. METHOD OF DISPOSITION			TEOF DISPOSITION (EEI,		CATION — CI		AND 21216	
	1 Burisi 2 Cremation 3 Rem	ioval from State	emetery, crematory of	or other place) ORIAL PA	ame or DV 2	/19/		ALLSI	,	,	
1	21. SIGNATURE OF FUNERAL SERVICE LE	DESISEE	KING DEP		NO ADDRESS			ALLSI	.Own	, FID .	
	7 91	-01/11		-2:			FUNERAL				
\vdash	23 PART I Enter the diseases, pr	anni di selima that sa	and all and and and	130) EUTAV	V PLA	ACE BALTI	MORE	MD 2		
	shock, or heart fallure.	List only one cause or	each line.	o not enter the m	ode or dying	, such as	s cardiac or respi	ratory arre	st,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	10	10 post	lin Da	0.00					Onset and Death	
	resulting in death)	DUE TO (OR A	S A CONSTQUENCE	OF)	eure .					-	
1/2		,)	11000	TALLE	620	2015	occur.	118411	40	1	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR #	S A CONSEQUENCE	OF):		- V /- I		4 500	OL.		
2	CAUSE (Disease or Injury	c									
E	that initiated events resulting in death) LAST	DUE TO (OH A	S A CONSEQUENCE	OF):						i i	
CE		d								 	
DICAL	PART II. Other significant condition	a contributing to deal	h but not resultin	g in the underlyi	g cause give	en in Pari	1 L 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
음	0.2020	MU BOSTO	sug			-	1 TES 2			COMPLETION OF CAUSE OF DEATH?	
ME	- Callo	non mos	ostable	2					1	1 _ YES 2 _ NO	
ä		0									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEAT	TH (Check o	only one)	e Chang	06	4	
IYS	1 YES 2 NO	1 Inpatient 2 ER/C		4 Nursing Ho		_	Other (opecity)			Care	
	1 Natural 5 Pending	(Month, Day, Yea	280.	INJURY W	JURY AT DRK?		d. DEŞCRIBE HOW II	JURY OCCU	RED		
ВУ	2 Accident Investigation 3 Suicide Could and be	28e. PLACE OF INJ	JRY — At home farr	m, street, factory, off	YES 2 N		f. LOCATION (Street a	and Mumber o	Drawn I Ole	note Mumbas	
윤	4 Homicide 8 Could not be	building, atc. (S	Specify)	.,,,		201	City or Town, State)	no Nomber of	nurei nu	oute Number,	
COMPLETED	29a. CERTIFIER	CIAN. To the head of an in		01450119170			-				
M		ICIAN: To the best of my kr ER: On the basis of examina								and manner as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIE										
BE	Money	100811	21 111	1	29c. LICENS	7C	20	29d. DATE	SIGNED (Month, Day, Year)	
2	60. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	(pe, Print)	100	10		5	11	1177	
								'	-		
	31. DATE FILMAR" 1 9 1993	32. REGISTRAR'S S	GNATURE	-				· · · · · · · · · · · · · · · · · · ·			
	mar 1 9 1993	June ways	bon-Alandel	2							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be restained by the house that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 about be definded for use as the burnal-transferential. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or remove
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other tratignatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

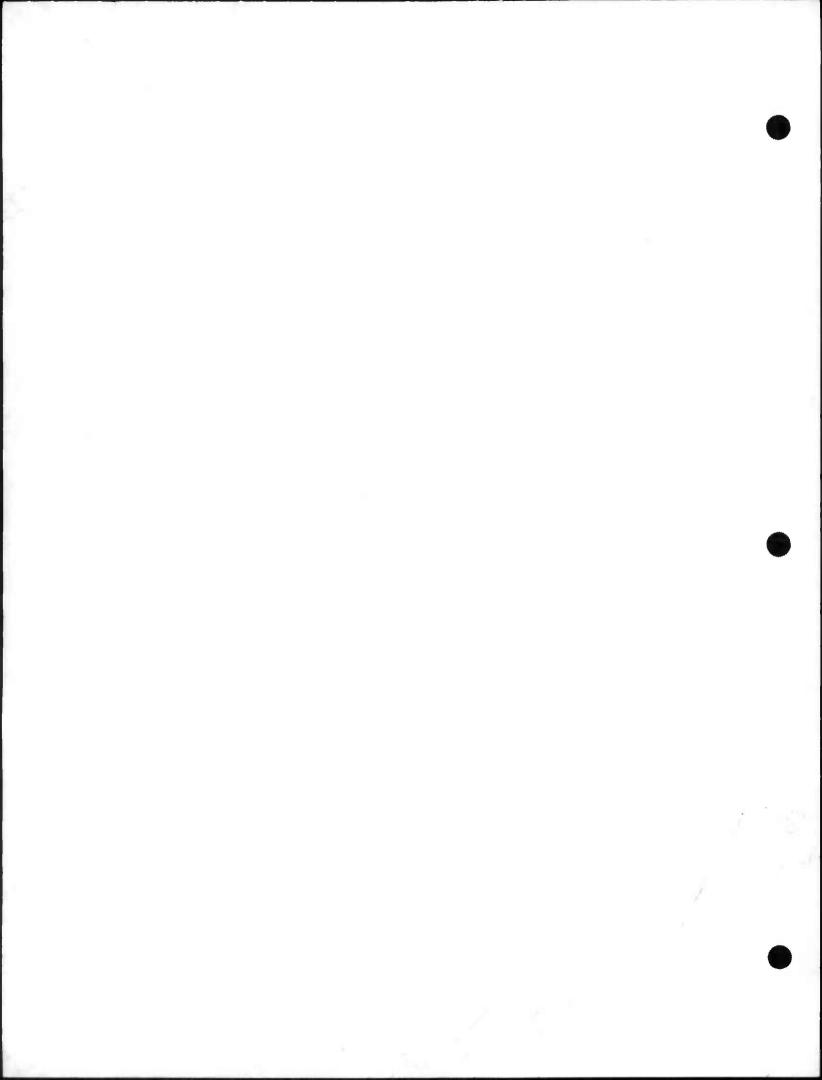
DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR	CERTIFIC	ATE OF DEAT	ГН	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH		3. TIME OF DEATH
	EVA ARNOLD				юнтн ы 03 16		10:26AM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In y		FUNDER 1 YEAR IF UNDER	24 HRS. 7. E	Month, Day, Year Ct. 26,19	8. BIRTI	HPLACE (State or Foreign
	9a. FACILITY NAME (# not institution, give street and number)	-	CITY TOWN OF LOCATION		00120723		
OR	Franklin Square Hospital	9	ROSS	ville		9c. COUNTY OF DEALTI	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						
DIRECTOR	Md Md		Washington	DC			10d. INSIDE CITY LIMITS? 1, YES 2 NO
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE	Ė		10g. CITIZEN OF	WHAT COUNTRY?
N N	2307 41 first Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	0.45450		20007		US	
3	1 Never Married 2 Married FORCES? 1 YES	2 NO	13. WAS DECENOENT OF	r HISPANIC OI n, Mexican, Pu	RIGIN? (Specify Yes erto Rican, atc.)	or No- 14, RAC Blac	E — American Indian, ik, Whita, etc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE	S A	1 - YES 2 NO	Specify:		Spec	₩y: White
	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	ia. DECEOENT'S US	UAL OCCUPATION done during most of working	a	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	etired.)				
S	17. FATHER'S NAME (First, Middle, Last)	Churc	h Worker	ICDIO NAME (C	First, Middle, Maiden		
BE C	Charles Bailey		III. MOTH	Rebeco		Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number	or Rural Route	Number, City or Town	n, State, Zip Code)	
	Marquita Imbraguglio		Souththorn	Road	Baltimo	ore Md.	21220
			Cemetery 3/	/19/93		cation — city or to stministe	
	21 SIGNATURE OF FUNERAL SERVICE LICENSEE	/	22. NAME AND AGORES		•		
	Connelly Funcial M	brul!	ConnellyFu				21221
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one ceuse on each	ne death. Do not	enter the mode of dylr	ng, such as	cerdlec or respin	retory arrest,	Approximate
	IMMEDIATE CAUSE (Finel						Interval Between Onset and Death
	disease or condition Heart fail		ngestive)				
	DUE TO (OR AS A CO	•	ablu baata	wiol			
No.	Sequentially list conditions, If any, leading to immediate		bably bacte	riai			
S	cause. Enter UNDERLYING CAUSE (Disease or Injury						
Е	that initiated events resulting in death) LAST	INSEQUENCE OF):					
CERTIFICATION	d						
i k	PART II. Other significent conditions contributing to death but	not resulting in t	he underlying ceuse g	iven in Part	I. 24a. WAS AN A		WERE AUTOPSY FINDINGS
DICAL	Cerebrovascular accident (e	embolic)			1 X YES 2		COMPLETION DF CAUSE OF GEATH?
WE	Hypertension				Heart	only	1 NO YES 2 NO
ä					, induit		artial)
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	10	26. PLACE OF OE THER:	EATH (Check or	nly one)		
PHYSICIAN: M	1 YES 2 NO 1/Nipatient 2 ER/Outpetia	mt 3 🗆 DOA 4	☐ Nursing Home 5 ☐ Res				
	1 Natural 5 Pending (Mgnth, Ony, Year)	28b. TIME O	WORK?	√NO 28d.	OEŞCRIBE HOW IN	JURY OCCURED	
D BY	3 Suicide 8 Could not be	At home, ferm, stree			LOCATION (Street a	nd Number or Rural I	Route Number,
COMPLETED	4 Homicide determined	N	IA		City or Town, State)	IA	
AP.	29a. CERTIFIER (Check only one)						
8	2 MEDICAL EXAMINER: On the basis of examination an	id/or investigation, in	n my opinion, death occure	ed at the time,	deta and place, and	d due to the cause(s	a) and manner as stated.
BE	20th. SIGNATURE AND STILLE OF CENTIFIER	1/4. 1	La S- 29c. LICE	NSE NUMBER	0/	29d. DATE SIGNED	(Month, Day, Year)
유	30. MANE AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH	(ITEM 27) Pypo, I've		-10		((1 -
	Joseph B. KCIGaraw, M.D.	5901	HARFOR	20 A	D BAC	T. MD	21214
	31. DATE FILEO (Month, Day, Year) MAR 1 0 1000	RE TO LA					
الب	MITTIN 19 1993 1 STUTION DEVICTION	Marian					DHMH-16 Rev 1/89



		FOR
1	_	STATE
9		REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF I	/ MARYLAND CE		ICATE				MEN	TAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)			10/11/		DEA		2. D.	ATE OF DEATH			3. TIME OF DEATH
	JAMES A. AWAL	T							MK	3 18		YEAR 93	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las)	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. D/	TE OF BIRTH	2	6. BIRTI	12:05 a M
	705-10-5579	1 🖾 M 2 🗌 F	96	YRS.	MONTHS	DAYS	HOURS	MIN.		forith, Day, Year) -5-1897		M = 7	w) cyland
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE		3 10)	9c. COU	NTY OF D	
OH	Meridian Loch	Raven			_ т	owsc	n				Ba	ltin	nore
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN										DO	(
DIRECTOR	2000	ford			r, rown o								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	1010		Gai	1600								1 - YES 2 - NO
FUNERAL	3869 Colwyn Dr.					1	21P CODE 1084	-			_		WHAT COUNTRY?
N	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. ARM	4ED	1 12					101110 10 11 11		.A.	
BY FL	1 Never Married 2 Merried 3 Midowed 4 Divorced	FORCES? 1	YES 2 NO	0	100	If yes, spe	city Cubs	n, Mexica	n, Pue	IGIN? (Specify Yes rto Ricen, etc.)		Spec	
	15. DECEDENT'S ED	UCATION	16a, 0E0	CEDENT'S	USUAL O	C.M.IPATIO	M			16b. KIND OF BUS		Whit	:e
ET	(Specify only highest grad Elementary/Secondary (0-12)	(College (1-4 or 5	(Gh	re kind of	work done			g		100. KIND OF 805	INC35/INL	JUSTRY	
7	12 yrs	conege (1-4 or 5	'	valu	atio	n En	gine	er		Western	МД	Rai	lway
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-					ME (Fir	st, Middle, Maiden S		21012	
BE C	Edmund John Awal	t, Sr.					Не	len	Fra	ances Fo	wler		
0	19a. INFORMANT'S NAME (Type/Print)		19b.	. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route A	lumber, City or Town	, State, Zip	Code)	
F	Virginia A. Quad	e	3	869	Colw	yn D	r. J	arre	tt	sville,	Md.	2108	34
	20e. METHOD OF DISPOSITION 1 □ Burtel 2 □ Cremation 3 □ Rec	moval from State	20b. PLACE All cemetery, crem				me of			ATE 20c. LOC	CATION -	City or To	wn, Stats
	4 Donation 6 Other (Specify) 21. BIGNATURE OF FUNERAL BIRRYICE L		Balti		Nat	iona			13-	-22 Bal	timo	re,	Md.
- 1	21. SIGNATURE OF PUREFACE SHIPVICE IS	elle 1					TOTAL			eral Hor		-	
	· Magi	-dl				L050	York	Rd.	. т	bwson. M	nd :	2120	1
	23. PART I. Enter the diseases, or ahock, or heart failure	complications tha	t caused the dea	th. Do r	ot antar	the mod	ia of dyl	ng, sucl	as c	ardiac or respir	atory an	est,	Approximate
	IMMEDIATE CAUSE (Final	0		1		1	10	,					Intarval Between Onset and Death
	disease or condition resulting in death)	a2	rilat	1	19	L	100	rec	1	mic fait	rio	2	
		DUE TO	(OR AS A CONSECU	UENCE O	F):		4,		4	1,01	2		
No.	Sequentially list conditions,	h	(OR AS A CONSECU	-5/	100		He	ar	1	Rail	w	20	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	002 10	1 S CONSECU	/ /	r):								i
띮	CAUSE (Disease or injury that initiated events	C. DUE TO	OR AS A CONSECU	UENCE O	F):								<u> </u>
E	reaulting in death) LAST	d											
	DADT II Other classificant as Mil												
CAL	PART II. Other significant condition	ns contributing to	death but not re	sulting	in tha un	derlying	cause g	iven in i	Part i	. 24a. WAS AN / PERFORI		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 YES 2	□ NO		OF DEATH?
ž													1 YES 2 NO .
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL												
0	EXAMINER?	HOSPITAL:			OTHER		ACE OF OE	EATH (Che	ck only	/ one)			
¥ I	1 YES 2 NO	1 Inpatient 2 26s. DATE OF	ER/Outpatiant 3	DOA 28b. TIM		ing Home		sidence		ther (Specify)			
<u>a</u>	1 Netural 5 Pending	(Month, D	ay, Year)		URY	WOI		NO.	200.	OEŞCRIBE HOW IN	JUNY OCC	JUREO	
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE O	F INJURY — At hom	ne, farm, a	street, fact			,	28f. I.	OCATION (Street ar	nd Number	or Rumi F	Pouts Number
COMPLETED	4 Homicide 6 Could not be determined	building,	atc. (Specify)			,,			(Ity or Town, State)	- Tromber	OF FIGURE 1	toda Williams,
١٣	29s. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the heat of	my knowledge dest	th accum	ed at the st	me dete	and place	and due					
Ř	(Check only one) 2 MEDICAL EXAMIN												and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE				,	, , , ,				I and press, sno			
BE	Hand	le a J	7				29c. LICE	NOE NUM	J 4	220	29d. DATI	SIGNED	(Month Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUS	SE OF DEATH (ITEM	27) (Tvne	Print)		V	/ /		30	- 0) 1	8/73
	Dr. Hans Koetter	7600 Osl	er Dr. S	Suite	e 315	5							,
	31. DATE FIND AND IN. Pay goar 1993	32 REGISTRA	R'S SIGNATURE										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

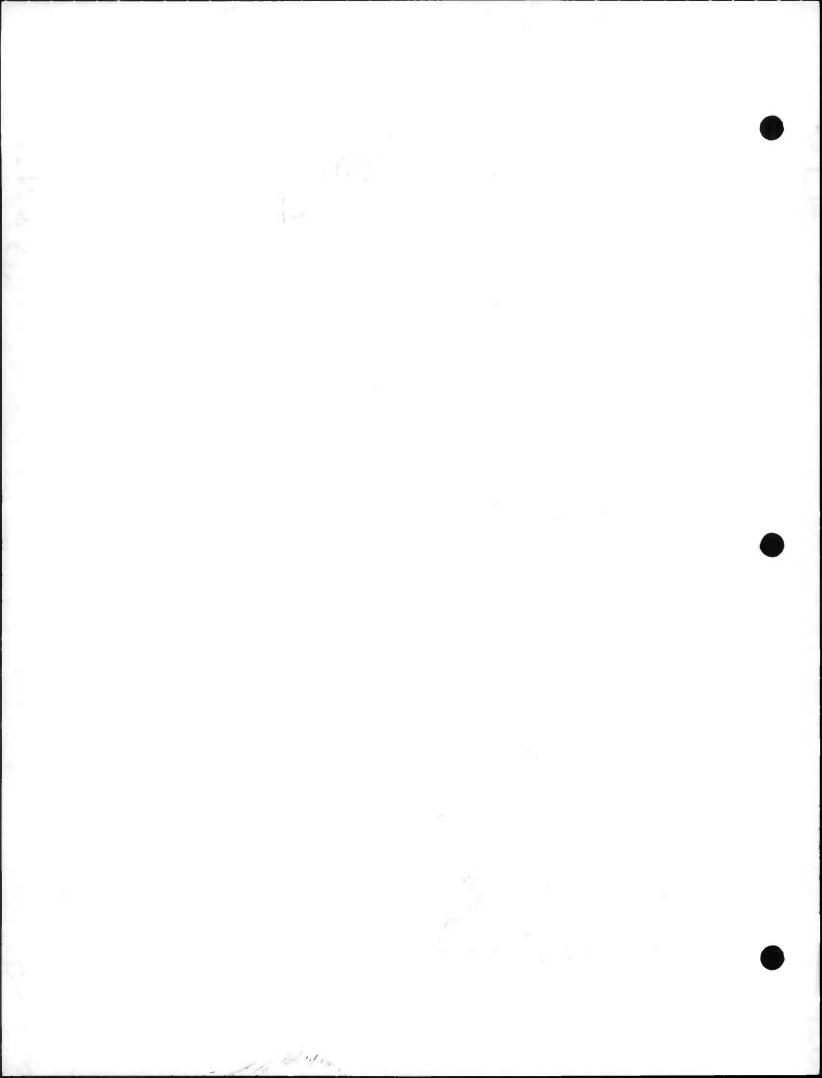
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

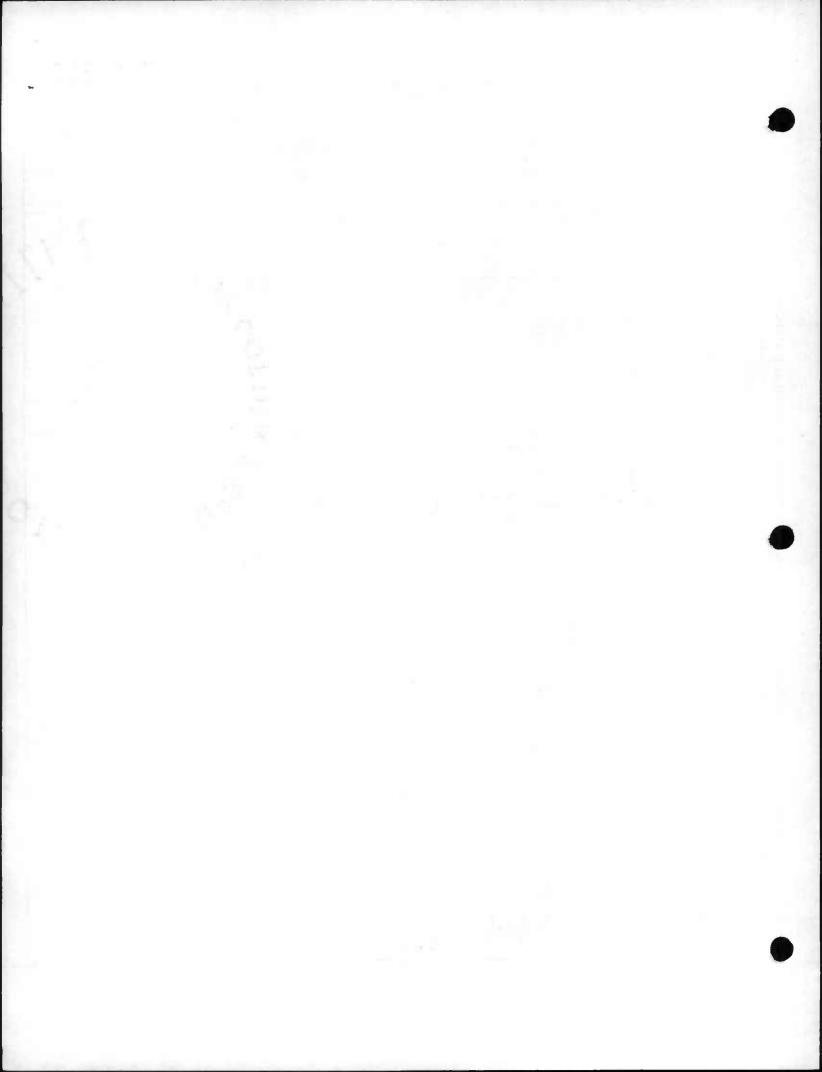
		1. DECEDENT'S NAME (First, Middle, Last)	Manadana	D		TORT		DEA			EG. NO.			
			Marion	Pen	ınıman E	artle	ett			2. DATE OF I	DEATH	3-17-9	-YEAR	3. TIME OF DEATH
		MARTON P BART 4. SOCIAL SECURITY NUMBER	5. SEX	4 405 4				1		3		/ 	13	3 M
		220-44-3906	5. SEX 1 ☐ M 2 ☑ F		In yrs. last birthday O 1 YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF E (Month, De	y, Ybar)		Country)	ryland
용		9e. FACILITY NAME (If not institution, give s	41		91 YRS.					10-5-	- 190 ⁻			
3 should	CC .							OR LOCATI				9c, COUNT	Y OF DEA	ATH
1, 2,	DIRECTOR	THE UNION MEMORIA	AL HOSPIT	'AL		B	ALTI	MORE	CIT	Y			NA	
) E	10e. STATE 10b. COUNTY	1		10c. C	TY, TOWN	OR LOCA	TION					1	10d, INSIDE CITY
28	F	Maryland	na			F	Balt	imore	e				1	LIMITS? 1 YES 2 NO
permit. Pages	A P	10e. STREET AND NUMBER					10	r. ZIP COD	E			10g. CITIZI		HAT COUNTRY?
ligit.	FUNERAL	830 W 40th Stre	et #857						212	11			USA	
215-0020 attending physician. se as the burial-transit	3	11. MARITAL STATUS	12. WAS DECEDEN						OF HISPAN	IIC ORIGIN? (S		or No— 1	A RACE -	- American Indian,
Per 19	BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W					pecify Cubi		n, Puerto Ricar	1, etc.)		Specify:	White, etc.
21215-0020 Il or attending physic for use as the burial					no							ŀ	W	Mite
r atte	E	15. DECEDENT'S EDUK (Specify only highest grade			16a. DECEDENT	work done			ng	16b. KIN	D OF BUS	INESS/INDU	STRY	
	LETI	Elementary/Secondary (0-12)	College (1-4 or 5+)	illa. Do NOT	use retired.)				Ho	mema]	ker		
AND the hospital detached for	COMPL	12												
YLAN by the hos be detach	_	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middl				
RYI ed by ed by		George Dobbin	Penniman							Wilso				
MARYLAND retained by the hospit should be detached	2	The District of the School of								Route Number, C				
		George Barker	·	-					Terr	cace, Co				
CC E . W		1 Buriel 2 Cremation 3 Remarks Specify	oval from State		PLACE AND DATE etery, crematory or			ame of		DATE	20c. LO	CATION — CI	ty or Town	n, State
ALTIMO death, Page 6 funeral directo	1 1	21 SIGNATURE OF FUNERAL SERVICE LIC	INSU Ponal	- I W:	ade, Di	22.	NAME A	ND ADDRE	SS OF FA	CHUTY C		7		D 1
amir		X 1/1	1/ /2 -12		3/18/93					St,Ba				Board
0 7 0		11/1/11/1//////////////////////////////	Medi		-									
760, By within 24 hours after ompletely filled in by the U, cremation, or removal event, the medical or	1 ~ 1	23 PART I. Enter the diseases, or o shock, or heart failure.	diffications that List only one cau	caused se on a	the death. Do ach line.	not enter	the mo	ode of dy	ing, sucl	h aa cardiac	or respi	ratory arre	st,	Approximate interval Between
Filled on F	1 1	IMMEDIATE CAUSE (Final			1	1 -	+	- 1	1 1	1	1			Onset and Death
within 24 within 24 cremation,		disease or condition resulting in death)	a			to	D		0	nfor	- hur	>		37
			DUE TO	(OR AS A	CONSEQUENCE	OF):		1	51.		1-1	in a		77)
	NO N	Sequentially list conditions,	b	(OB AS A	CONSEQUENCE		-St	_000	4	cero	4			1 2 ツ
BOX cate be e shysician e prior to	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		(011 710 71	OUNDEADERIOE	O. J.		F	15	CUT)			20M2
m # # #	[윤]	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A	CONSEQUENCE	OF):			1 -					10
0 DE =	E	resulting in death) LAST	4											
OS, For the death when the atter Mental	2													
2 4 4 7	DICAL	PART II. Other significant condition	s contributing to	death be	ut not resulting	in the ur	deriyin	g cause	given in	Part i. 24a	PERFOR			WERE AUTOPSY FINDINGS
SIGOR uires that signed by Health an	ĕ									10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
	ME									_		/	1	T YES 2 NO
law law bept. 23	ž													
▼ 9 = 5 E	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			OTHE		LACE OF D	EATH (Che	ock only one)				
CIAN: The critificate the State	ΙΥS	1 TYES 2 NO	1/2 Inpetient 2			4 🗆 Nur	sing Hon		esidence	6 Other (Sp				
PHYSIC this ce with th	표	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF (Month, De		26b. Ti	ME OF	WC	JURY AT DRK?	[28d. DESCRIE	BE HOW IN	JURY OCCU	RED	
ONING F After death	B	2 Accident Investigation	00 DI 005 OI			M		YES 2	NO					
S E S E	8	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Spec	— At home, farm	, street, fact	ory, offic	ce .		28f. LOCATIO City or To	N (Street a wn, State)	nd Number of	r Rumi Rou	ute Number,
> 4 m n =	iu I													
7 40 =	COMPL	29a. CERTIFIER (Check only one)												
HOSPITAL FUNERAL WITHIN 72 1	8	2 MEDICAL EXAMINE	R: On the basis of as	amination	end/or investigat	ion, in my c	pinion, d	leath occur	red at the	time, date and	place, and	d due to the	cause(s) s	and manner as stated.
H H H H W W W W W W W W W W W W W W W W	BE (296. SENATURE AND TITLE OF CERTIFIES	of land	W				Mr. HO	ENSE NUM	men/a		29d. DATE	SEMED /N	stores. Day, Year)
TO THE HOSPITA TO THE FUNERA be filed within 7	10	gregory J. O	1 - 1 4	/_)			1).	25	662		P 5	10	195
	-	M NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEA	ATH (ITEM 27) (Typ.	e, Print)							,	,
		24 DATE EN ED (Marie Co. V. d.	Man											
		MAR 20 1993	32. REGISTRA	H'S SIGN	KTURE Kandrales	2								
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THE FIGURE OF THE PROPERTY. THE WAY THE WAY THE WAY THE WORLD WINDS THE PROPERTY TO SHEET THE PROPERTY OF THE	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	ill.	WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at nace
	E	A D	B
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT	r of H	IEALTH	AND I	MENTAL HYGIEN	E	0	7346
	1. DECEDENT'S NAME (First, Middle, Lest		CI	ERTIF	ICAL	E OF	DEA	Н	REG. NO			
13	Johnnie Lee Be								2. DATE OF DEATH	AY C	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX							5 1	1 7	5.	2710 M
	412-56-5509	1 M 2 F	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
- 3			55	YRS.					6/29/37			TN
0"	9a. FACILITY NAME (If not institution, give				9b. CITY		R LOCATIO			9c. COUNT	Y OF DEAT	Н
0	Frederick Memori	ial Park				F	rede	rick		Fr	ederi	ck
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c CIT	Y. TOWN C	OR LOCAT	TON.				140	4 mone arm
E		rederick		100.011	,							d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	redelick			ML	. Ai						YES 2X NO
RA		D 1				101	. ZIP CODI			10g. CITIZI	N OF WHA	T COUNTRY?
믲	14847 B Liberty							1771			ited	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AR YES 2 1 MAR OR DATES			If yes, sp	ENDENT Of Cuba 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n, Maxica	IIC ORIGIN? (Specify Yenn, Puerto Rican, etc.)	or No-	4. RACE — Black, W Specify:	American Indian, hita, etc. White
E	15. DECEDENT'S ED	UCATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b, KIND OF BU	SINESS/INDU	STRY	
COMPLETED	(Specify only highest gree Elementary/Secondary (0-12)	College (1-4 or 5	+) (G	ive kind of Do NOT u	work done se retired.)	during mo	st of workin	g				
릴	7th grade	Sent In Control		Disa	ble				1			
O	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	IER'S NA	ME (First, Middle, Malden	Sumame)		
ЕС	Bratin Beaty								inda Jenni			
₩	19a. INFORMANT'S NAIME (Type/Print)		191	b. MAIL ING	ADDRESS	S (Street o			Poute Number, City or Tow		adal .	-
2	Mrs. Elizabeth E	Elaine Bea							Mt. Airy			1
	20s. METHOD OF DISPOSITION		20b. PLACE					wau			2177	
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Red 4 🗆 Donation 5 🗆 Other (Specify)	movel from State	cemetery, cre	matory or o	ther place)	TON (NA	me or			CATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Lake	view			C K	20 05 54	3/20 S	ykesv:	ille,	MD
	· Hames	B. C	ovey		Bu 12	irrie	er-Qu	ieen ld L:	Funeral D iberty Roa	d Wint	ield	21784 P.A.
	23. PART/I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	Complications the	it caused the lie use on each line	ath. Do i	not enter	tha mo	de of dyl	ng, auci	h as cardiac or reap	ratory arre	it,	Approximate Interval Between Onset and Death
z	resulting in death)	a. OUE TO	(OR AS A CONSEC	QUENCE O	action	U_	_10-	live	ery de) an		
CATIO	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
ERTIFICATION	that initiated events resulting in death) LAST	d	(OR AS A CONSEC	DUENCE O	F):							
0	PART II. Other algorificant condition	one contributing to	death but not :	- and the a	in the un	dodulas		de con la	Part I. 24a. WAS AN			
PHYSICIAN: MEDICAL	End Stare (andion	The state of	they			, 00000 9		PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\text{NO} \)
AN: N	25. WAS CASE REFERRED TO MEDICAL			-/		00 Pt	405.05.05	FATIL 601				TES 2 NO
S	EXAMINER?	HOSPITAL:			OTHER	₹:			ack only one)			
₹	27. MANNER OF DEATH	1 Diripetient 2		-				sidence	6 Other (Specify)			
BY Pt	Netural 5 Pending Investigation	28a. OATE OF (Month, D	lay, Year)		M M	1 🗆 Y	RK? 'ES 2) NO	28d. OEŞCRIBE HOW I	NJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE C building,	F INJURY — At ho atc. (Specify)	me, farm, :	street, fact	ory, office	_		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,
COMPLETED									to the cause(a) and mar time, date and place, an			d menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Alwa	n				29c. LICE	. 2	IBER	29d. DATE 5	SIGNED (Mo	nth, Day, Year)
E 1	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAU	DE OF DEATH ATE	A OT C	0-(-1)						4. 1	

WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type) W (M) 1475 +CO 31. DATE FILED (Month, Doy, Year)
MAR 1 9 1993



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND / CE				DEAT		MENTAL	REG. NO			0,01	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
1 8	Angelo Di Bia	isi							Marc		2 1	YEAR	4:00 A.	м
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH		6. BIRT	HPLACE (State or Foreign	
1 9	127-30-3257	1 💢 M 2 🗌 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	. 10, 1	937	Coun	talv	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	TOWN O	OR LOCATIO	ON OF DE		, 1	v	INTY OF		_
E E	2228 Caves Roa	d			(Maine	gs Mi	1116					imore	
18	RESIDENCE OF DECEDENT					JW TII	53 111	1113	_			Dail	THOTE	_
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland Bal	timore			Owir	igs l	Mills	3					1 TES ZXX NO	
A A	10e. STREET AND NUMBER						. ZIP CODE				10g. Cl	TIZEN OF	WHAT COUNTRY?	_
FUNERAL	2228 Caves Roa	d					2111	17			U	.S.A		
15	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN	? (Specify Ye		14. BAG	E - American Indian	_
	1 Never Married 2XXMarried	IF YES, GIVE W	YES 2 N	0			ecify Cubar 2XXNO		in, Puerto R	ican, etc.)			ck, White, etc.	
BY	3 Widowed 4 Divorced											,,,,	White	
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON st of workin	n	16b.	KIND OF BU	SINESS/IN	DUSTRY		
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) litte.	Do NOT us	e retired.)	auring mod	st of workin	9						
N D	N/A	N/A		Owne	er					Res	taur	ant		
COMPL	17. FATHER'S NAME (First, Middle, Last)									liddle, Maiden				
BE (Raffaele Di Bia	si					Fil	ome:	na D'	Anton	ia		- ·	
TO E	19a, INFORMANT'S NAME (Type/Print)		19b							er, City or Tow			Market State of the State of th	
F	Rosina DiBiasi	(wife)		222	28 Ca	ves	Road	l, Ot	wings	Mill	s, M	D 2	1117	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cramation 3 Rame	wel from State	20b. PLACE A	ND DATE (OF DISPOS	ITION (Na	me of		DATE	20c. LC	CATION -	City or 1	lown, Stata	
	4 Donation 5 X Other (Specify Ent	ombment	- Druid	Ridg	e Ma	uso]	Leum		3/1	6 Ba	1tim	ore.	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMSEE	1		22. C.	NAME AN	D ADDRES	S OF FA	CILITY	Homes	Т			
	> Roles V h	had lo	AbVA		97		anek Relai	r Re	SIGI	Balti	more,	C.	21236	
	23. PART I. Enter the diseases or o	omplications that	t caused the flor	eth Dor					-			-	Approximata	
	ahock, or heart fallere.	List only one cau	se Dn each line.		ot onto	nie mo	de oi dyii	ng, suci	ii ea caro	iec or reep	шашту а	rest,	Interval Between	
	IMMEDIATE CAUSI: (Finel disease or condition	1 /-											Onset and Dea	ath
	resulting in death)	MET DUE TO	AJJA	//		MA	UN	? ~						
		06	(OR AS A CONSEC	UENCE O	-):			05						
S S	Sequentially list conditions,	DUE TO	OR AS A CONSEQ	APP	C FE/	2	- /	CICS	1 (2-6-)	10				
¥	If any, leading to immediate cause. Enter UNDERLYING	332.10	(OIT NO X CONSES	OLIVOL O	,.									
윤	CAUSE (Diseese or injury that initieted events	DUE TO	(OR AS A CONSEQ	UENCE OI	j:									
CERTIFICATION	resulting in death) LAST													
S														
A	PART II. Other algnificent condition	s contributing to	deeth but not re	eauiting I	In the un	derlying	g ceuse g	iven in	Part i.	24s. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO	GS
MEDICAL									_	1 TYES 2	1		COMPLETION OF CAUSE OF DEATH?	1
Ä											9		1 YES 2 NO	
7								_						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DE	EATH (Ch	eck only one)				_
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nun		a 5 \square Re	eldence	6 🗆 Other	(Specify)				
Ξ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	URY AT			CRIBE HOW	INJURY O	CURED		
	1 Natural 5 Pending	(Month, D	ay, Year)	INJ	URY M		RK? res 2 [NO						
BÝ	2 Suiside	28e. PLACE O	F INJURY — At hor	ne, farm, s	street, fact	ory, office						or Aural	Route Number,	_
	4 Homicide 6 Could not be	building,	etc. (Specify)					!		r Town, State				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the head of	and knowledge 4	ath account								21.0		_
ΔM	(Check only												(a) and manner as stated.	
8	17 11		77		iii iiiy C	paritori, Ol				erra prace, ar				
8	296. SIGNATURE AND TITLE OF CERTIFIER	- 9	2/				SAC FICE	NSE NUN	WBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
0	Hours		SE OF DEATH (ITEM				V	10	<u>-5 5</u>			/16	155	

lligan, 711 E. Chase Street, Baltimore, MD 21202

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PERSON WHO COMPLETER C'USE OF DEATH (ITEM 27) (Type, Print)

Milligan, 九1

and the second

Francis

D.

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Dr.

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d by the hospital or attending physician.	il director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		d at once
IL ON ALLENDING PRISIDIAN: THE JAW REQUIRES THAT THE DEATH CETTINGARE DE EXECUTED WITHIN 24 HOURS AFTER DEATH, PAGE & MAY DE FRIAINED DY TO	artificate has been signed by the attending physician and completely filled in by the funera	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
TO THE HUSPITAL OF	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC			MENTAL HYGIEN	E	5 07348
	1. DECEDENT'S NAME (First, Middle, Last) BUEECK	JULIAN	K. BLI	EECK		2. DATE OF DEATH D	3-12-93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 053 10 4659	5. SEX 6. AGE (In 76		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-12-16	1.8	New York
TOR	90. FACILITY NAME (If not institution, give str SINAL HOSPITM RESIDENCE OF DECEMENT		MORE "		ltimore	ATH	9c. COUNTY	of DEATH na
DIRECTOR	Maryland Balt:	imore county	10.	timore				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6724 Bonnie Ridge				21209			OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN (FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 +	ATION completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)		Medica		RY
OME	17. FATHER'S NAME (First, Middle, Last)			10,70		ME (First, Middle, Maiden	Surname)	
ш	Harry Kasis					Meltzer	, , , , , , , , , , , , , , , , , , ,	
10 B	19a. INFORMANT'S NAME (Type/Print)		3			oute Number, City or Tow		
-	Mrs Barbara Bleec	k	6724 B	onnie I	Ridge Dri	ve T-2,Ba	ltimore	e,MD 21201
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removed 4 Donation 6 Other (Specify) 21. SECRATURE OF PRIEFIAL SERVICE LIQ	val froetr state camel	PLACE AND DATE OF E tery, crematory or other	place)			CATION — City	or Town, State
	xomand///	Ronald Wa	3/18/93	655W.1		State St,Balto	,MD 212	
	IMMEDIATE CAUSE (Final	ist only one cause on eac	ch line.				iratory arrest,	Approximate interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF):	THE	, 5-	EPSIS		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		ROM BUS CONSEQUENCE OF):					
CER	d	•						
MEDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting in t	he underlying	g ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL			26 20	ACE OF DEATH (Che	ick only one)		
S	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet		THER:	e 5 🗆 Residence			
РНУ	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 26c. INJ		28d. DESCRIBE HOW I	NJURY OCCURE	ED .
ВУ	1 Natural 5 Pending 2 Accident Investigation	(monin, bay, loar)	incon.		ES 2 NO			
ETED 6	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY – building, atc. (Specify	– Al home, farm, stree y)	t, factory, offic		261. LOCATION (Street of City or Town, State)		ural Route Number,
COMPLE	onel	IAN: To the best of my knowled: On the basis of examination						use(e) end manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	omit			29c. LICENSE NUM	IBER	PARE DATE SIG	112/93
	30, NAME AND ADDRESS OF PERSON WHO	TAN,	MD.	ZINA	Hos	Pate (F b	ATMORE
	MAR 20 1993	32. REGISTRAR'S SIGNAT						

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Minnie

Marie

M. MARIE BUKOVSKY

1

BOX 68760, DIVISION OF VITAL RECORDS, P.O.

03 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 - M 2 F DAYS HOURS 215 16 5607 73 2-23-1920 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR CITIZENS NURSING HOME HAVRE DE GRACE RESIDENCE OF DECEDENT 18b. COUNTY 10c. CITY, TOWN OR LOCATION Harford Maryland <u>Edqewood</u> FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1975 Chipper Drive 21040 iours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-H una anacify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Ri
1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Waitress Food 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, George Griest BE Nellie Wann notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Billie Simmons 1975 Chipper Drive, Edgewood, MD 21040 2 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must Anneral director. 4 ☑ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSER Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 3/18/93 655W.Baltimore St, Balto, MD 21201 the attending physician and completely filled in by the i Mental Hyglene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) AS A CONSEQUENCE OF traumatic CERTIFICATION oronam Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not recuiting in the underlying cause given in Part I. MEDICAL been signed by the any shows has be Dept. c 23 sh PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL r this certificate ha 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) DIRECTOR: After this cer hours after death with the ltem 28 is marked, i 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTS be filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER (Check only one)

One)

MEDICAL TO the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE M) Duin and 332609. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

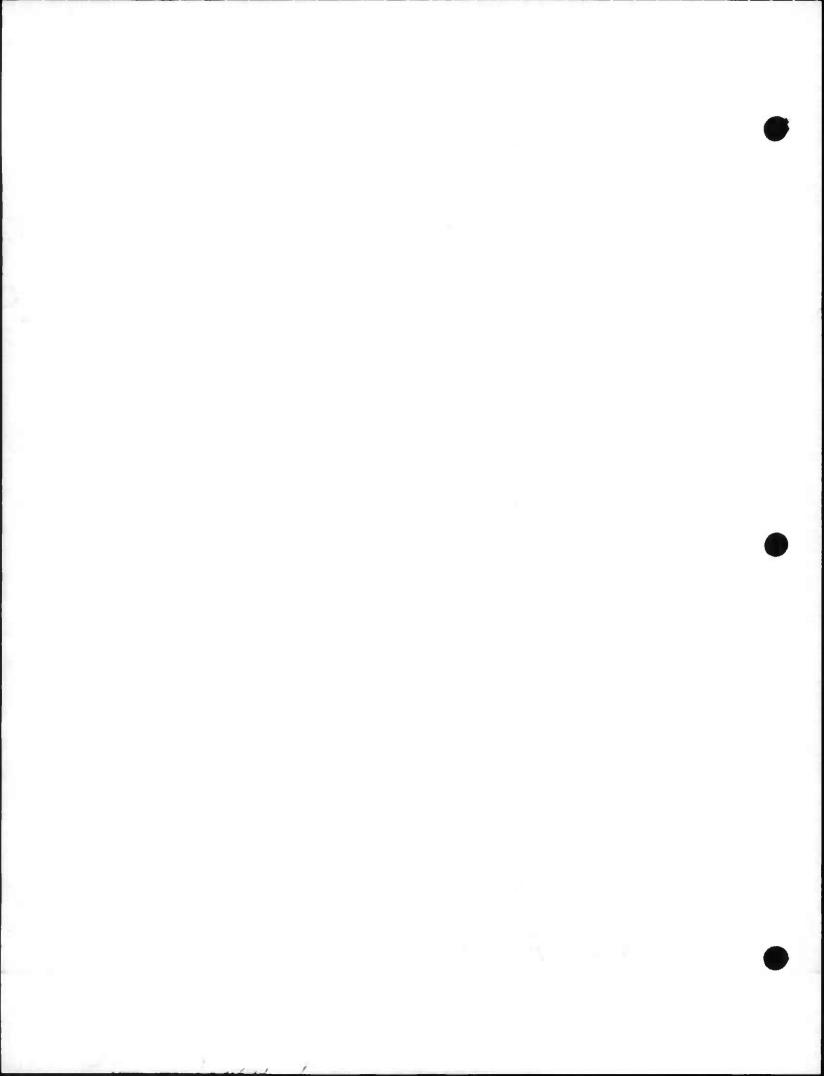
22. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

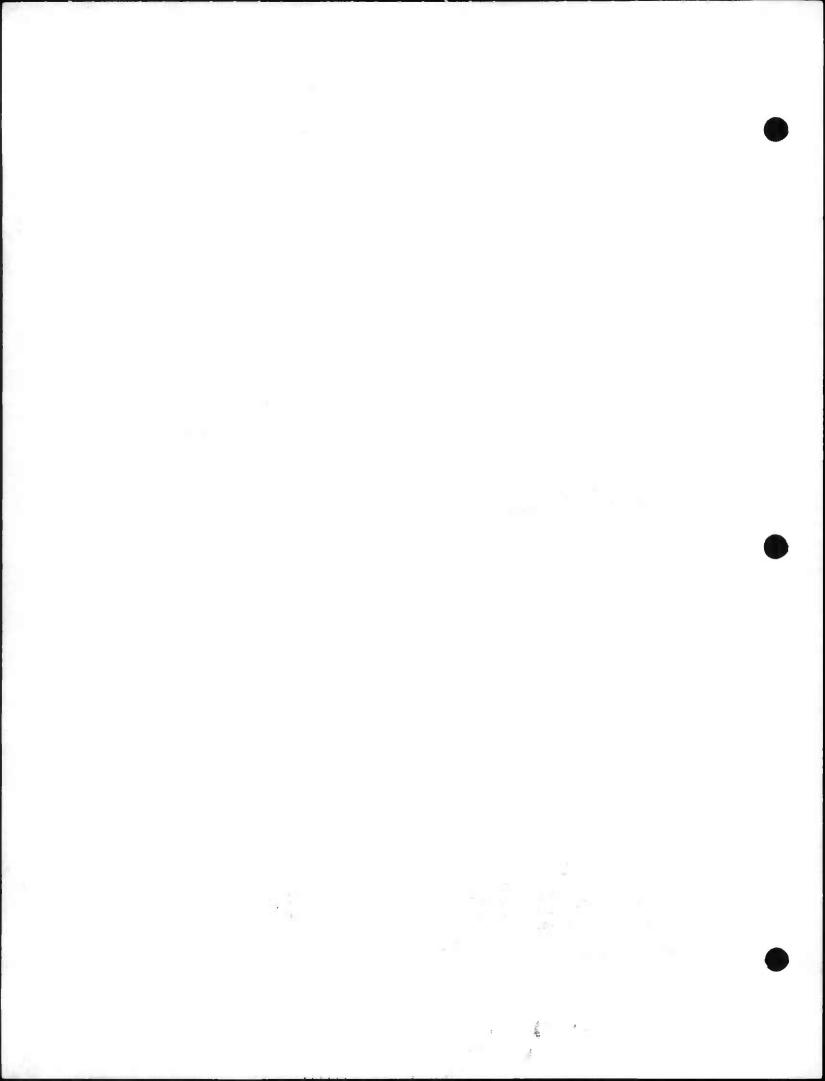
MITHANI MD 703 Revolution St. Harre De Grave. MD 21078

Bukovsky

93 07349 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 13 1993 рм 7:15 8. BIRTHPLACE (State or Foreign Country) Maryland 9c. COUNTY OF DEATH HARFORD 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White 166. KIND OF BUSINESS/INDUSTRY 20c. LOCATION — City or Town, State Approximata Interval Between Onset and Death 12 hrs. loyrs 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 13/15/93



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CITTO I	CAIL	UF	DEATH	2 DAT	E OF DEAT	NO.	_	3. TIME OF DEATH
	TO TAKE DE	Josephine			BLA	CK	MAN	MON	ITH	DAY	YEAR	
	4. SOCIAL SECURITY NUMBER	T	AGE (In yrs. In	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DAT	E OF BURTH	14	9.3 8. BIRT	8:20 A. HPLACE (State or Foreign
	155 03 3007	1 🗆 M 2 🖳 F	78	YRS.	MONTHS	DAYS	HOURS MIN.		nth, Day, Yea 0-28-		Count	lahoma
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	rown c	OR LOCATION OF				INTY OF E	
DIRECTOR	603 N.HIGHLANI	O AVE			BALT	MI	ORE CI	ΓY		na		
RE(10a. STATE 10b. COUNT	TY		10c. CITY	, TOWN OR	LOCAT	non Ba	ltim	ore			10d. INSIDE CITY LIMITS?
	Maryland	na			603	3 N.	. Highla	nd A	venue	9		1 YES 2 NO
RAL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CI1	IZEN OF	WHAT COUNTRY?
NER	603 N. Highland	1									USA	
FUN	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2		lf.	yes, spe	ENDENT OF HISP/ ecify Cuban, Maxic					E — American Indian, ik, White, atc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	YES	2 NO Spec	fy:			Spec	White
ED	15. DECEDENT'S EDI (Specify only highest grad	UCATION		CEDENT'S				16	b. KIND OF	BUSINESS/IN	DUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	live kind of w . Do NOT use	onk done du e retired.)	nng mo	st of working		D4.1	14 0	71-	
COMP	12								BII	ling C		
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N					
BE	Winn Havers	tick					Palmyı					
2	19a. INFORMANT'S NAME (Type/Print)		19				nd Number or Rure					
· I	Laura Blackman						and Aver					
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State		AND DATE O		ION (Na	me of	DA	TE 20c	LOCATION —	City or To	own, State
	21. SIGNATURE OF PINERAL SERVICE LI	ceremonald	Wade	Dir	22. N	AME AN	ID ADDRESS OF F	ACILITY	Stati	0 700+	02011	Doord
	Januar 1/11	In the	3/18				. Baltin					
	MINIMA IN	WILL		·								201
	23 PART I. Enter the diseases, or shock, or heart failure.	Complications that cause	on each line	eath. Do no	ot enter ti	he mo	de of dying, su	ch ea ce	rdlec or n	eepiratory ar	rest,	Approximate interval Batwee
	iMMEDIATE CAUSE (Final disease or condition	3	3		0 -			1	Di-			Onset and Deat
	reauiting in death)	Arterio	SCLEI			aı	ovascu	lar	DIS	ease		
_	_	502 10 (0)	AS A COMSE	DUENCE OF):							
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSE	DUENCE OF):				_			<u> </u>
CAI	cause. Enter UNDERLYING CAUSE (Disease or injury	C.										
E	that initiated events	DUE TO (OF	AS A CONSE	DUENCE OF):							
CERTIFI	resulting in death) LAST	d										
2	PART il. Other significent conditio	ns contributing to da	ath but not i	esulting in	the und	erivino	cause given in	Part i.	24s, WM5	S AN AUTOPSY	241	. WERE AUTOPSY FINDINGS
2		_							PER	FORMED?	-	AMJLABLE PRIOR TO COMPLETION OF CAUSE
MEDIC									I I U YE	s 2 X X X 0		OF DEATH?
									ING	QUIRY		1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C	heck only o	one)			
A					OTHER:		• XXResidence					
SICIA	EXAMINER? TYPES 2 NO	HOSPITAL:	VOutpatient 3	LIDUAI		-		_				
HYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 E	URY	26b. TIME	OF 2	8c. INJU		28d. Di	ESCRIBE HO	W INJURY OC	CURED	
٥	ty yes 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Inpatient 2 I El	URY		OF 2	WO		28d. Di	SCRIBE HO	W INJURY OC	CURED	
ВУР	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e. DATE OF IN. (Month, Day.)	IURY Ibar)	26b. TIME INJU	OF 2 IRY M	1 🗌 Y	RK? 'ES 2 NO	26f. LO	CATION (Str	eet and Number		Route Number,
ED BY P	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	1 □ Inpatient 2 □ Ef 26e. DATE OF INJ (Month, Day.	IURY Ibar)	26b. TIME INJU	OF 2 IRY M	1 🗌 Y	RK? 'ES 2 NO	26f. LO		eet and Number		Route Number,
ED BY P	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Nomicide	1	IURY IBURY — Al ho (Specify)	26b. TIME INJU	OF 2 IRY M	WOI 1 N	RK? /ES 2 NO	26f. LO Cit	CATION (Str y or Town, S	eet and Numbe tate)	r or Rural i	Route Number,
ED BY P	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PNYS	26e. DATE OF IN. (Month, Day.)	URY (bar) IJURY — Al ho (Specify) knowledge, de	26b. TIME INJU	OF 2 IRY M	WOI 1 Y y, office e, date	RK? /ES 2 NO	26f. LO	CATION (Str y or Town, S	reet and Number tate)	r or Rural i	
COMPLETED BY P	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PNYS	28e. DATE OF IN. (Month, Day, 28e. PLACE OF IN building, atc.)	URY (bar) IJURY — Al ho (Specify) knowledge, de	26b. TIME INJU	OF 2 IRY M	WOI 1 Y y, office e, date	RK? /ES 2 NO	26f. LO City	CATION (Str y or Town, S	menner as sta	ted.	
BE COMPLETED BY P	27. MANNER OF DEATN 1 Netural 2 Accident 3 Suicide 4 Nomicide 6 Could not be determined 29e. CERTIFIER (Check only) 2 MEDICAL EXAMIN	28e. DATE OF IN. (Month, Dey. 28e. PLACE OF INbuilding, atc. CICIAN: To the best of my ER: On the basis of axam	URY //ear) IJURY — Al ho //Specify knowledge, de	26b. TIME INJU	OF IRY M reet, factor	WOI 1 Y y, office e, date	PRES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	26f. LO City	CATION (Str y or Town, S	menner as sts	ted.	e) and manner se stated. (Month, Day, Year)
ED BY P	27. MANNER OF DEATN 1 Netural 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 2 MEDICAL EXAMIN 28e. MICRAGUIRE AND TITLE OF OLATIFIER 3. MAME AND ADDRESS OF PERSON WI	28e. DATE OF IN. (Month, Dey. 28e. PLACE OF INbuilding, atc. CICIAN: To the best of my ER: On the basis of axam	URY (Specify) knowledge, defination and/or	28b. TIME INJU	OF N M Print)	WOI 1 Y y, office e, date nion, de	and piece, and due ath occured at the 29c. LICENSE NU	26f. LO City to the continue, dark	CATION (Str y or Town, S nuse(s) end is and place	menner as sts	r or Rural is ted. ted. TE SIGNED $3-14$	o) and manner as stated. O (Month, Day, Year) 1 — 1993
BE COMPLETED BY P	27. MANNER OF DEATN 1 Netural 2 Accident 3 Suicide 4 Nomicide 6 Could not be determined 29e. CERTIFIER (Check only) 2 MEDICAL EXAMIN	28e. DATE OF IN. (Month, Dey. 28e. PLACE OF INbuilding, atc. CICIAN: To the best of my ER: On the basis of axam	IURY — Al ho (Specify) knowledge, de inetion and/or DF DEATN (ITE 1 1 1 F	28b. TIME INJU	OF N M Print)	WOI 1 Y y, office e, date nion, de	PRES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	26f. LO City to the continue, dark	CATION (Str y or Town, S nuse(s) end is and place	menner as sts	r or Rural is ted. ted. TE SIGNED $3-14$	e) and manner as stated. (Month, Day, Year)



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ESTABLISHED STORY OF THE STORY
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Panes 1.2 s exould
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				12	. DATE OF DEATN		3. TIME OF DEATN
	Helen Dol:	1 ₇₇ D	Bees		l _N	larch 11,	1002	10:00 P M
	4. SOCIAL SECURITY NUMBER						1333	
1			E (In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS. 7	(Month Day Year)		B. BIRTHPLACE (State or Foreign
1	220-38-9357	1 🗌 M 2 💢 F	51 YRS.	WONTES DATS	HOURS MIN. I)e	(Month, Pay Year)	941	Maryland
	90. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF DEAT			TY OF DEATN
Œ	2874 Mayfield Av				timore	••	sc. 00010	TO DEATH
DIRECTOR	RESIDENCE OF DECEDENT	ve.		рал	LIMOTE			
ပ္ပ	10e. STATE 10b. COUNT	v	40- 0	ITY, TOWN OR LOCA	7.00.			
<u> </u>		'	10c. C					10d. INSIDE CITY LIMITS?
	Maryland	MR MR MR		Baltim	ore			1 X YES 2 NO
4	10e. STREET AND NUMBER			10	of. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	2874 Mayfield Av	70			21213		TT	S. A.
Z	11. MARITAL STATUS							
교	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	13. WAS DE	CENDENT OF NISPANIC pecify Cuben, Mexican, I	ORIGIN? (Specify Yes Puerto Rican, atc.)	or No-	14. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗌 YE	S 2X NO Specify:			Specify: White
		!						WILLE
핃	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT	S USUAL OCCUPAT	ION post of working	166. KIND OF BUS	SINESS/IND	JSTRY
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	f work done during muse retired.)	ost of working			
ם	NA	NA	Se	cretary		US	F & G	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NAME	(First, Middle, Maiden	Cumamal	
Ö	John Ches						Surnamer	
96					Mary Pe			
2	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural Rou			
-	Francis J. Bees	Jr. (Husban	id) 2874	Mayfiel	d Ave., Ba	ltimore,	Md.	21213
	20a. METHOD OF DISPOSITION	2	0b. PLACE AND DAT	E OF DISPOSITION (A	lama of	OATE 20c. LO	CATION — C	Sty or Town, State
	1 Donetion 5 Other (Specify)	oval from State	emetery, cremetory or HOLV Re	deemer M	ausoleum	3/15 Ba	ltimo	re. Md.
	21. SIGNATURE OF FUNERAL SERVICE LI		A.					
1 1	10 11 000	1 1 . 0	11	Schim	no address of faciliunek Funer	al Home		
	I woher hi	JOHN MAKE	1	3331	Brehms Lan	e, Balti	more,	Md. 21213
	23. PART i. Enter the diseases or	complications that caus	ed the death. Do	not anter the m	ode of dving, such a	s cardiac or resol	ratory arm	est, Approximata
	ehock, or heert failure.	List only one cause on	earch line.			o daidied of respi	ratory arre	Intarvai Between
IMMEDIATE CAUSE /Final								
Н		Mate		/.	1			Onset and Death
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Metasr		Lung	Cenar	-		
	disease or condition	a			Cenar			
Z	disease or condition resulting in death)	a	tanci		Cenar			
rion	disease or condition resulting in death) Sequentielly list conditions,	DUE TO (OR AS	tanci	OF):	Cenar			
CATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):	Cunar		_	
IFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b DUE TO (OR AS	A CONSEQUENCE	OF):	Cunas			
RTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b DUE TO (OR AS	A CONSEQUENCE	OF):	Cunas			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS	A CONSEQUENCE	OF):	Cunas			
L CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE	OF):			AUTOPSY	Onset and Death
CAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE	OF):				Onset and Death 24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
DICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE	OF):		rti. 24a. WASAN	MED?	Onset and Death Onset and Death 24b, WERE AUTOPSY FINDINGS
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE	OF):		rt i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE	OF):		rt i. 24a. WAS AN PERFOR	MED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE
MEDICAL	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition	b. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE	OF): OF): In the underlying	ig ceuse given in Pa	rt i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. HOSPITAL:	A CONSEQUENCE A CONSEQUENCE but not rasulting	OF): OF): OF): OF): 26. F	ng ceuse given in Pa	rt i. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If I tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical expenses.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	RTMENT O	F HEALTH	AND		G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY									WEAR	3. TIME OF DEATH		
	KATHERINE BELL								MARCH 16, 1993 2:00				
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YE		A 24 HRS.	7. DATE OF BI (Month, Day.	RTH	6. BIRT	THPLACE (State or Foreign	
	219-32-33	04	1 🗌 M 2 🗽 F	55	YRS.	MONTHS DA	YS HOURS	MIN.	MAR .		38 M	ARYLAND	
	9a, FACILITY NAME (If not inst	titution, give s	treet and number)			9b. CITY, TO	WN OR LOCAT	ION OF D			COUNTY OF		
DIRECTOR	JOHNS HOPI		HOSPIT	AL		В	ALTIN	10RE					
l m	10a. STATE	10b. COUNT	Y		10c, CI7	Y, TOWN OR L	OCATION					10d. INSIDE CITY	
5	MARYLAND					F	AT.TT	MORE	CITY			LIMITS?	
	10e. STREET AND NUMBER	-					10f. ZIP CO			10	g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	135 NORTH	RELI	VORD AV	E.				212	24	- 1	п	.S.A.	
13	11. MARITAL STATUS	DUU		IT EVER IN U.S. A	RMED	13. WAS	DECENDENT		NIC ORIGIN? (Spi	acity Yes or h		CE — American Indian,	
II.	1 Never Merried 2 R	larried	FORCES?	YES 2 X		If ye	s, specify Cub	en, Mexica	en, Puerto Rican,	etc.)	Bla	ock, White, etc.	
₽	3 Widowed 4 N Divorce	ed	11 123, 3112	INN ON DATES		_ ''	YES 2X NO	э эрөсп	у:		Spe	WHITE	
	15. DECE	DENT'S EDU	CATION			USUAL OCCU		y	16b. KIND	OF BUSINES	SS/INDUSTRY		
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그로	10				OMEN	IAKER				OWN	HOM	E	
COMPLETED	17. FATHER'S NAME (First, Mid	dle, Last)				-	18. MO	THER'S NA	ME (First, Middle,				
<u>я</u> ш	JOHN COT	TER					1	YAP					
5 m	19a. INFORMANT'S NAME (7/7)			1	Pb. MAILING	ADDRESS (St			Route Number, Ch	ry or Town, Str	rate, Zip Code)		
일	BRENDA K.	ROB	INSON									D 21224	
2	BRENDA K. ROBINSON 128 NORTH KENWOOD AVE. BALTO, MD. 21224 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City of Town, State												
must be	1 Surial 2 Cremation 3 Ramoval from State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY												
examiner	101.	EI	DISON M	. PERKI	NS				ON FUN	TEDAT.	HOME	TNC	
	Edison	M.F	entens	D000		30	00 E.	BAL	TIMORE	ST.	BALT.	O.MD. 21224	
шеопса	23. PART i. Enter the dis	eases, or o	complications the	at caused the d	eath. Do	not enter the	mode of d	ying, suc	h an cardiac o	or reapirato	ory arrest,	Approximate	
	ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death												
2	disease or condition Acuse least Coffee Leas												
New Year	resulting in death)	resulting in death) a. The consequence of the cons											
Z	disease or condition resulting in death) a. Hells kellspikatoly feelile grande general in the conditions DUE TO (OR AS A CÓNSEQUENCE OF): Sequentially list conditions												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A/CONSEQUENCE OF):												
E S	cause. Entar UNDERLYIN	IG											
TIFI	CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A CONSE	OUENCE C	F):							
E E	resulting in death) LAST		d.										
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPINGS AMILABLE PRIOR TO												
MEDIC.	A) AD Wille Celegreea perfolls for a USE 2 DATO OF CAUSE OF DEATH?												
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5	Probe	tre	NEI	woh	0/11	7							
IAN I	25. WAS CASE REFERRED TO	MEDICAL	7000	oce po	3		6. PLACE OF	DEATH (Ch	neck only one)				
PHYSICIAN:	EXAMINÉR?		HOSPITAL:	N/Outpetlant	3 DOA	OTHER:	v		6 Other (Spe	-14-1			
E K	27. MANNER OF DEATH		28s. DATE OF		26b. Tit		, INJURY AT	TORRUPTICE	26d. DESCRIBI		RY OCCURED		
	1 Natural 5 P		(Month, I			JURY	WORK7	□ NO					
	2 Carteta	vestigation	28e, PLACE (OF INJURY — At h	ome ferm				28f. LOCATION	/Street and &	Wimber or Our	d South Number	
LED Z		ould not be etermined	building	etc. (Specify)		orrest, tablery,	OTTICE		City or Tow		TURNOR OF FIGURE	noote Number,	
COMPLETED	29a CERTIFIED								L				
M M	4440		CIAN: To the best o										
CON	2 MEDIC	AL EXAMINE	R: On the baels of e	examination and/or	Investigati	on, in my opini	on, death occ	ured at the	time, data and p	place, and du	a to the cause	e(a) and manner as stated.	
E W	29h SIGNATURE AND TITLE	OF CERTIFIE	R	1 ed	1	27	29c. LI	CENSE NU	MBER	29	d. DATE SIGNE	ED (Month, Day, Year)	
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

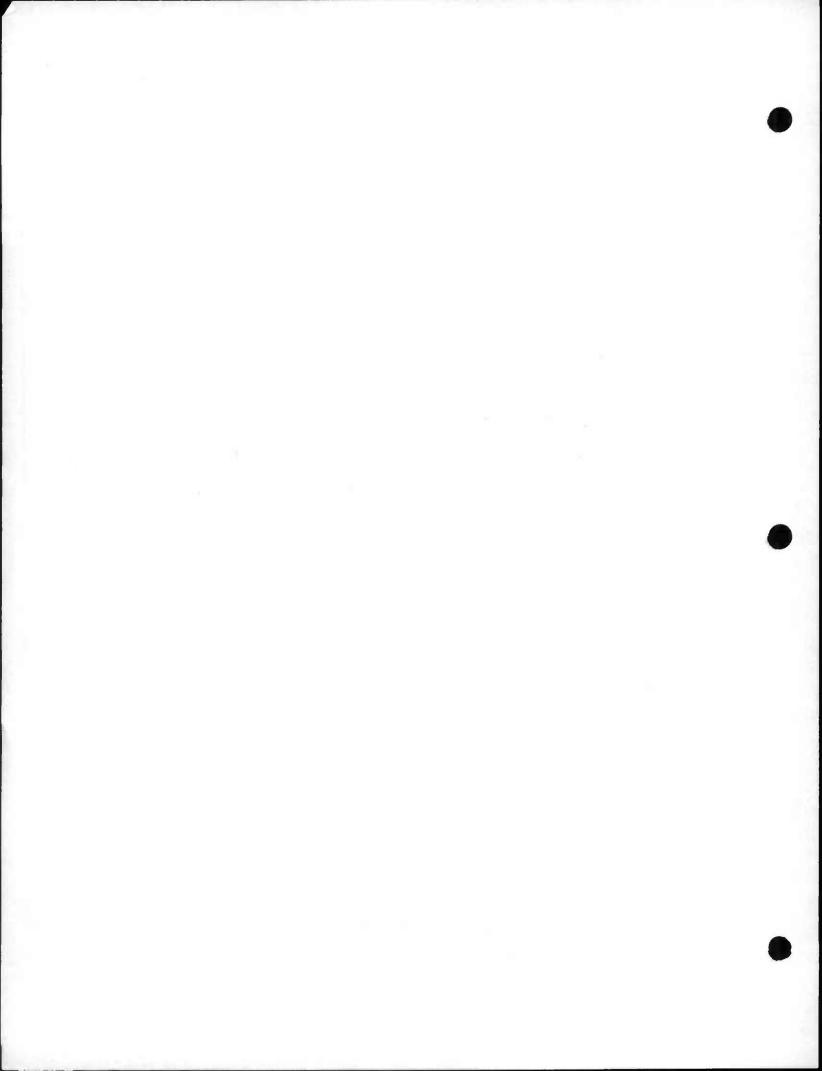
BALTIMORE, MARYLAND 212190

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH		ENTAL HYGIENI	E	
Ŋ	1. DECEDENT'S NAME (First, Middle, Last) Dorothy V:	irginia Brown					2. DATE OF DEATH DA	18 93ª	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS.	7. DATE OF BIRTH	6. BIR	THPLACE (State or Foreign
	214-01-6197		81 YRS.	MONTHS D	AYS HOURS	MIN.	(Month, Day, Year) 11-27-11	Cou	Md
œ	9a. FACILITY NAME (If not institution, give st	,			WN OR LOCATIO		тн	9c. COUNTY OF	DEATH
101	ST AGNES HOSPITA	<u>.L.</u>		В	ALTIMOR	RE			
DIRECTOR	10e. STATE 10b. COUNTY	timore	10c. CITY	, TOWN OR L	OCATION				10d, INSIDE CITY LIMITS?
AL C	10e. STREET AND NUMBER	LIMOTE			101. ZIP CODE			10g. CITIZEN OF	X☐ YES 2 ☐ NO
FUNERAL	118 Glenwood Av	enue			21228			USA	
5	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES					ORIGIN? (Specify Yes Puarto Rican, atc.)		CE — American Indian, ick, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES		YES 2 NO		, , , ,	Spe	WHITE
ED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	PATION og most of workin		16b. KIND OF BUS	INESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	ig most or working	g			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Cler	k	1			eaning	
S	Thomas W. Simon	e					E (First, Middle, Meiden S Dimler	Sumame)	
BE (19a. INFORMANT'S NAME (Type/Print)	5	19b. MAILING	ADDRESS (S			ute Number, City or Town	, State, Zip Code)	
5	Sandra Jordan		- 1						, Md. 21043
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Remo		PLACE AND DATE O	F DISPOSITIO				CATION City or	
	4 ☐ Donetion 6 ☐ Other (Specify) 21. Shina time OF FUNERAL SERVICE LICE	Wo	oodlawn	Cemete	AE AND ADDRES	or stou	3/22 Ba1	timore.	Md.
	10t. 2	J. Od	Moon	Ste	erling .	Ashto	n Funeral		
	23. PART I. Enter the diseeses, or o	complications that caused	the daath. Do n	ot enter the	Edmon- mode of dyle	dSOTI ng, such :	Avenue Ba	atory arrest,	21228 Approximata
	shock, or haart failure. I IMMEDIATE CAUSE (Final	List only one cause on ea	ich lina.						intarval Between Onset and Death
	disesse or condition resulting in death)	a	CONSEQUENCE OF	Ime	non.	eder	na		huse
								4	
ON	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	noy artery direct with angin sterom					2-1-yen
CAT	if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury								12-3 ye
TIF	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) Exist	1							
	PART II. Other algorificent conditions			n the under	lying cause g	iven in Pa	art I. 24a. WAS AN /		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL		whele the	llilus	, In	ulin day	Luck	1 NES 2		COMPLETION OF CAUSE OF DEATH?
ME							_		1 TYES 2 LING
IAN	25. WAS CASE REFERRED TO MEDICAL			-	6. PLACE OF DE	ATH (Chaci	k onty one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	stient 3 DOA	OTHER:			Other (Specify)		
PHY	27. MANNER OF DEATH	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28	INJURY AT WORK?		ed. DESCRIBE HOW IN	JURY OCCURED	
ВУ	1 Natural S Pending 2 Accident Investigation			M 1	YES 2	NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, atc. (Special	— At home, farm, s	treet, factory,	offica	2	City or Town, State)	nd Number or Rural	Route Number,
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurre	d at the time,	date end place,	end due to	the ceuse(a) and men	ner as ateted.	
MO		R: On the beals of examination							(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	15%	tuns		29c. LICE	NSE NUMB	ER		D (Month, Day, Year) - 19-93
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)		4/	14	1	,,,,,
	huka Terry 15-mg 60	55 Chan	rolat a	ure	, Eller	coll	ah m	12100	12
	31. DATE FILED (MORNAR 1 9 19	932. REGISTRAR'S SIGNA	Tune Pane	Lie	1		1	. ~ 0	
		1 4							

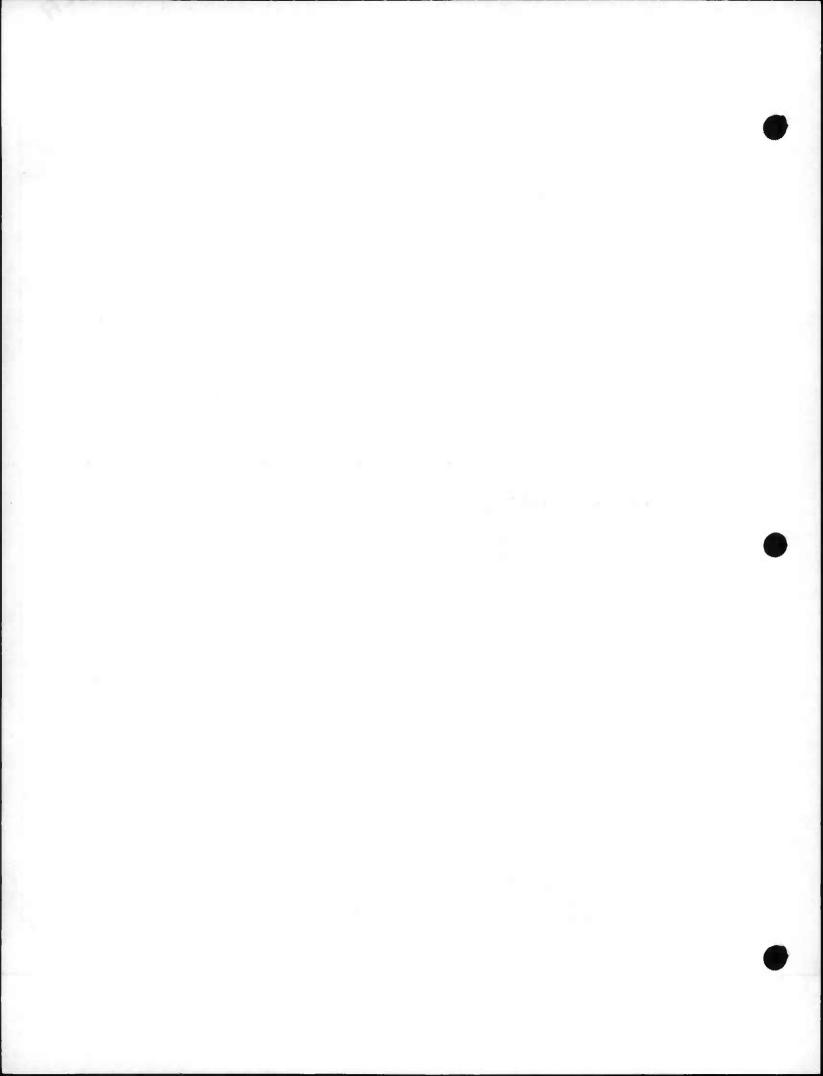
P. L. MEP. M.D. : do BALD.
31. DATE FILED (Month, Day, Year) 32

	FOR 1 • STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	T OF HEALTH AND		AF.	3 07354
	1. DECEOENT'S NAME (First, Middle, Last)	LIANT	ERTIFICAT	E OF DEATH	2. DATE OF DEATH MONTH		3. TIME OF OEATH
	215-44-02-16	5. SEX 6. AGE (In yrs. I.	YRS. MONTHS	1 2 2 3 3 3 3	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Incland
CTOR	99. FACILITY NAME (If not institution, give stre	1 GEN HOSALS	1 / 1	Y, TOWN OR LOCATION OF D ANDRUS TIME		BAL	
FUNERAL DIRECTOR	Md. 10a. STATE 10b. COUNTY	Baltimore	10c. CITY, TOWN	terstown			10d. INSIDE CITY LIMITS? 1 YES 2 NO
JNERA	202 Highmeadow i	12 WAS DECEDENT EVER IN ILE	I 12	101. ZIP CODE 2 . WAS DECENDENT OF HISPA	1136		USA
Β¥	1 Never Married 2 Married 3 V Widowed 4 Divorced	FORCES? 1 YES 2 T IF YES, GIVE WAR OR DATES	(NO	If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerlo Rican, atc.)	14.	RACE — American Indian, Black, Whita, alc. Specify: White.
COMPLETED	15. OECEOENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) High School	ATION 18a. D () College (1-4 or 5+)	DECEDENT'S USUAL Give kind of work done to NOT use retired. HOUSEWI	during most of working	16b. KIND OF BU	ISINESS/INDUS	
BE COM	17. FATHER'S NAME (First, Middle, Last) Denis Carolar			18. MOTHER'S NA	AME (First, Middle, Maiden an McBrid	e	
70	19a. INFORMANT'S NAME (Type/Print) Mrs. Clare B. Devl			88 (Street and Number or Aural enbrier Road			
	20s. METHOD OF OISPOSITION 1.Q Burlal 2 Cremailon 3 Remov 4 Donation 5 Other (Specify)	rai from Stata cemetery, co	EAND DATE OF DISPO rematory or other place UNEU VAL	Ley Gardens	3/20 Co	OCATION — City	or Town, Stata
10	21. SIGNATURE OF FUNERAL SERVICE LICENSES	line	22	. NAME AND ADDRESS OF FA	ACILITY 1182	A Dois	terstown Road vn. Md. 21136
	23. PARTI I. Enter the diseases, or cD ahock, or heert failure. Li IMMEDIATE CAUSE (Fine)	mplications that ceused tha dat only one cause on each lin	leath. Do not ente	r the mode of dying, suc	ch as cerdiac or resp	diretory errest	Approximate interval Between Onset and Death
	disease or condition resulting in death) a.	ACUTE MY	10 CART	DAL INFF	TRETION		0.000
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	HRTE	RY DISE	9SE		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	EOUENCE OF):				
	PART II. Other significant conditions	contributing to death but not	resulting in the u	nderiying cause givan in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
: MEDIC					1 TYES 2	R □ NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	3 DOA 4 N	26. PLACE OF OEATH (Ch R: raing Home 5 Rasidence			
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	INJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — AI h building, etc. (Specify)	ome, larm, street, fac	ctory, office	281. LOCATION (Street and City or Town, State)	and Number or F	lural Route Number,
COMPLETED		AN: To the best of my knowledge, d					ruse(s) and manner as stated.
X							



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician	y filled in by the funeral director, page 5 should be detached for use as the burial manition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physican	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial ran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E				
- 1	1. DECEDENT'S NAME (First, Middle, Last)	W. Buk.			2. DATE OF DEATH ON MONTH DA	-	1			
	4. SOCIAL SECURITY NUMBER	S. SEX B. AGE (I	n yrs. last birthday) IF	- 93						
	220-05-4922			JNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTHO (Mortly, Day, Year)	14 08.	BIRTHPLACE (State or Foreign Country)			
//	9a. FACILITY NAME (If not institution, give street	/4 04		CITY, TOWN OR LOCATION OF I		9c. COUNTY	also also 8			
DR	ST JOSEPH H	FOSPITAL		Toursan		-	Actionale			
C	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY					13.60				
DIRECTOR				WN OR LOCATION			10d. INSIDE CITY LIMITS?			
1	Maryland Bal 100. STREET AND NUMBER	timore	Balt	imore		10a CITIZEN	1 ☐ YES 2 ∑NO OF WHAT COUNTRY?			
FUNERAL	8935 Waltham Wood	c		21234		U.S.				
S		2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISP			RACE — American Indian,			
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuban, Mexic 1 TES 2 TNO Spec			Black, White, etc. Specify:			
		Tou.					White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	(Give kind of work life. Do NOT use ret	AL OCCUPATION done during most of working ired.)	166. KIND OF BUS	SINESS/INDUST	RY			
PL		College (1-4 or 5+) Years	Safety E	ngineer	Povere	Conno	r & Brass			
ON	17. FATHER'S NAME (First, Middle, Last)	10015	Darecy 1		IAME (First, Middle, Maiden		I & DIASS			
BE C	Montgomery C. Bur	ke		Hazel	M. Kriek					
TO B	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Number or Aura	I Route Number, City or Town	, State, Zip Cod	(o)			
	Mary E. Henley			arrollwood Ro	ad Baltimo	re, Ma	ryland 21220			
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove		PLACE AND DATE OF DI etery, cremetory or other p		DATE 20c. LO	CATION — City	or Town, State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	Hi	11top Ser	vice Corporat	ioh 3/19 T	bwson.	Maryland			
- 3	an A CV	1/		Ruck Towson		me, In	c.			
_	CUSTOS V	Venyou		1050 York R	oad Towson	, Mary	land 21204			
	23. PART i. Enter the diseases, or cor shock, or heart fallure. Lis	nplications that caused it only one ceuse on ea	the death. Do not e ch ilne.	inter the mode of dying, su	ch as cardled or respi	ratory srrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Finei disease or condition resulting in death)									
	resulting in death) DUE TO (GPLAS A CONSEQUENCE OF):									
z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disease or injury	DUE TO (OD AS A	CONSEQUENCE OF):							
Ē	that initiated events resulting in death) LAST	DOE TO (ON AS A	CONSEQUENCE OF):							
	d									
AL	PART ii. Other significant conditions	contributing to death bu	it not resulting in th	e underlying ceuse given in	n Part i. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
MEDIC					1 _ YES 2	EMO.	OF DEATH?			
Σ							1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERED TO MEDICAL			26. PLACE OF DEATH (C	Phoofs onto one)					
SICI		IOSPITAL:		HER: Nursing Home 5 Residence						
Ħ.	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW II	JURY OCCURE	ED .			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO						
	3 Suicide 6 Could not be	28e, PLACE OF INJURY building, etc. (Speci	At home, ferm, street	, factory, office	281. LOCATION (Street e City or Town, State)	nd Number or A	tural Route Number,			
E	4 Homicide detarmined						10 1			
COMPLETED				the time, date and place, and du			40.5			
00	2 MEDICAL EXAMINER:	On the basis of examination	end/or Investigation, in	my opinion, death occured at th	e time, data and place, and	d dua to the ca	use(s) and menner as stated.			
8	296. SIGNATURE AND TITLE OF CERTIFIER	0.	n	29c. LICENSE NO	MBER	29d, DATE SIG	GNED (Month, Day, Year)			
9	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAMPS OF THE	TH OTEM 2D Chara D	0. 016	772	13/	1//73			
	BEATRIZ	- P. DI	201/	St. Josep	Mos	ital	Euso mi			
	31. DATE PLED AND THE PARTY NAME OF THE PARTY NA	SUREGISTRAL'S SIGNA	TURE	9 8						



		REGISTRAR	STATE OF MARYLAND	D / DEPARTI CERTIFIC			MENTA	L HYGIEN			
		WILLIAM	WILLIAMA	nors'	RST, J	r.	2. DATE	OF DEATH	93	3. T	TRM M
pin		·215-42-7360 15	XM 2 0 F 49	8 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)	-44	Ba 1	State or Foreign
2, 3 should	OR	9a. FACILITY NAME (If not institution, give street of University of MI		9		more Ci			9c. COUNTY	OF DEATH	
- -	DIRECTOR	10a. STATE 10b. COUNTY	-	10c. CITY,	TOWN OR LOCAT	TION				10d.	INSIDE CITY
permit. Pages		Maryland			101	Baltin	nore	!	10g. CITIZEN		YES 2 NO
dan. -transit	FUNERAL	3119 Stafford St		1 10450	T as time per	2122				JSA	
	B⊀	1 Never Married 2 X Married	. WAS DECEDENT EVER IN U.S. FORCES? 1 A YES 2 IF YES, GIVE WAR OR DATES	□ NO	If yes, spe	CENDENT OF HISPAI secify Cuban, Mexica 2 P NO Specify	nn, Puerto	N? (Specify Yer Rican, etc.)	1 or No	Black, Wh Specify:	Thite
21215-0 al or attending for use as the	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition of th		(Give kind of wor life. Do NOT use r	rk done during mo	ON ist of working	161	b. KIND OF BU	SINESS/INDUS		
	COMPL	9th.	maga (1-2 or o v)	Co	ook	ī			auran	ı t	
MARYLAND retained by the hospit should be detached notified at once.	ш	William Andrey	w Burhorst	Sr.		18. MOTHER'S NA		Middle, Maiden			
MAR retained 5 should	TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AL		and Number or Rural	Route Num	aber, City or Tow	m, State, Zip Co		
E Se P		Theresa C. Bur	20b. PLA	ACE AND DATE OF	DISPOSITION (Na	rd Stre	eet		CATION — City		21229 Rate
MOF age 6 rr director,		1 Burtal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	Met	tro Cre tro Cre	emator	y, Inc.	. 3/				MD 21228
BALTIMORE, nours after death. Page 6 may be of in by the funeral director, page or removal. medical examiner must be		George E. Mac	cNabb		Crema Balti	nd ADDRESS OF FA ation S imore,	ocie Md	2122	8		
in 24 ely fille ration.		23. PART I. Enter the diseases, or companies or companies. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiac	ancs	+	de of dying, suc	ch es car	diac or resp	ratory arrest	R,	Approximate Interval Between Onset and Death
58 Becute buria	NO	Sequentially list conditions,	Seedows	mas pe	in tout	13			1		
Sor to a	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ANUNU (L	NSEQUENCE OF):							
certifi ding p	RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	NSEOUENCE OF):							
(0 0 0 0	핑	PART II. Other significant conditions co	ontributing to death but n	not resulting in	the underlying	n cause given in	Part 1	24s. WAS AN	AUTTOPSY	245 WEB	E ALITOPSY FINDINGS
ITAL RECORDS N: The law requires that the foate has been signed by the State Dept. of Health and M liem 23 shows any Injury	MEDICAL		Avertheins			, tours grown		PERFOR	MED?	COM OF E	LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
13 ep 15	NAI:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only o	ne)			
F VIT, SICIAN: Th certificate the State I, or Item	PHYSICIAN	1 YES 2 DAYO			THER:	e 5 🗆 Residence					
ION OF NDING PHYSIC R: After this ce r death with it Is marked,	ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	WO WO	URY AT PRK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCUR	IED	
TTEN TTEN TOR: after	ETED B	3 Suicide 6 Could not be 4 Momicide determined	26s. PLACE OF INJURY — At building, etc. (Specify)	At home, farm, stre Universit	-	teylono	26f. LOC City	CATION (Street or Town, State)	and Number or I	Rurel Route	Number,
절성장=	COMPLE	000) 2 MEDICAL EXAMINER: Or	t: To the best of my knowledge, in the basis of examination and							ause(a) and	manner as stated.
TO THE HOSPI TO THE FUNER TO FILED WITHIN	BE	296. SIGNATURE AND TITLE OF CERTIFIER M. STOWE M	10			29c. LICENSE NUR	MBER		29d. DATE SI ▶ 3/	IGNED (Man	th, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (0 -		MD 218	12			1014	7
		31. DATE FILED (Month, Day, Year) MAR 1 9 1993	32. REDISTRAR'S SIGNATUR	Addle .	TIVILOPE I	1111 210	10				

-	al track	1)
or attending ply	use as the par	5	,
by the hospital of	be detached for		at once.
nay be retained	page 5 should		t be notified
death. Page 6 n	funeral director		examiner mus
in 24 hours after	ely filled in by the	lation, or remova	, the medical
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending by the hospital by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attending by the hospital or attendi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the man-transfer.	be filed within 72 hours aftar death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
leath certificate	attending physic	ntal Hyglene pric	y, or other tr
equires that the o	in signed by the	of Health and Me	ujul kue swot
CIAN: The law re	ertificate has bee	the State Dept. of	or Item 23 s
TENDING PHYSI	TOR: After this c	aftar death with	28 is marked,
NOSPITAL OR AT	UNERAL DIRECT	ithin 72 hours	ANT: If Item 2
TO THE H	TO THE F.	be filed w	IMPORT.

BALTIMORE, MARYLAND 21215-0029

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

mit. Pages 1, 2, 3 should

FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / OEPA CERTII	RTMENT OF I		MENTAL	HYGIENE REG. NO.)	0/35
1. DECEDENT'S NAME (First, Middle, Las	Brow	20			2. DATE O	OF DEATH DAY	93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 249 - 52 -6350	5. SEX 6.	AGE (In yrs. lest birthday, 54 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (OF BIRTH , Day, Year)		THPLACE (State or Foreign ntry)
99. FACILITY NAME (If not institution, given Balto VA	street and number}		9b. CITY, TOWN	OR LOCATION OF E	DEATH	90	Ba 1	
	altimore		Balti					10d. INSIDE CITY LIMITS? t X YES 2 NO
100. STREET AND NUMBER	- 1	510 B	. Ito	Z 1217	_		U.	
11. MARITAL STATUS Comments 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1. IF YES, GIVE WAR	YES 2 NO	If yes, s	cendent of Hispa pecify Cuben, Mexic 8 2 NO Spec	en, Puerto R	? (Specify Yes or N licen, atc.)	Bia	CE — American Indian, ck, White, etc.
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	(Give kind o life. Do NOT	rs usual occupation of work done during muse retired.) Health A	ost of working	16b.	KIND OF BUSINES	SS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	William B		TICUTOTI 7			liddle, Meiden Surn		
19e. INFORMANT'S NAME (Type/Print) Belvia	ANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or F				Gertrude Gathers real Route Number, City or Town, State, Zip Code) 1to. Md. 21218			
20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from State 4 Donetion 6 Other (Specify) Balto. Md.								
21. SIGNATURE OF FUNERAL SERVICE	LOW 97	1 -	22. NAME A	al Home				n Community . Balto. N
23. PART I. Enter the diseese, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause	on each line.					ry arrest,	Approximate interval Betwee Onset and Dec
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ause. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):							
Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS				g ceuse given ir	n in Pert i. 24s. WAS AN AUTOPSY PERFORMED?		Ib. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (C	heck only one	»)		
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28s. OATE OF INJ (Month, Day,)		4 Nursing Hor	JURY AT DRK? YES 2 NO	_	(Specify)	Y OCCURED	
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28a PLACE OF IN	IJURY — At home, farm. (Specify)			281. LOCA City o	TION (Street end N v Town, State)	lumber or Rural	Route Number,
	SICIAN: To the best of my							(e) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFI		Rees		29c. LICENSE NU				O (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W		1 0	oo, Print)	ne L	IMN	15 .		
31. DATE FILED (MATTER) (64)	32. REGISTRAR'S	SIGNATURE	444					

- Santa

A Marian

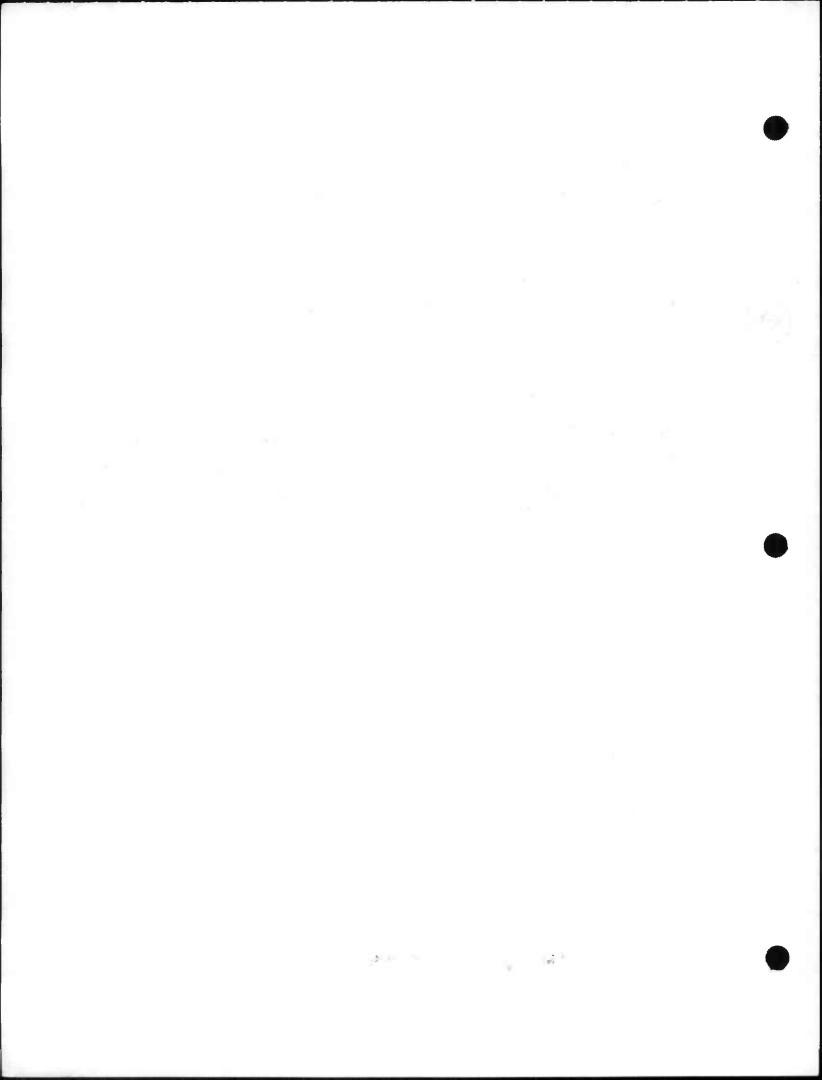
STATE OF THE STATE

П	24
50,	within
189 1	executed
3	2
	certificate
J.	death
ä	the
7	that
AEC.	reduires
AL	The law
VISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24
2	NDING P
2	ATTE

BALTIMORE, MARYLAND 21

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH BACON 0 (HARLES 2.35 3 316 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 220-56-1724 12-25-50 42 1 M 2 - F permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL DIRECTOR BALTIMORE, MD. RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD CATONSVILLE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2 ROBERTS AVE. 21228 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Never Merried 2 Merried If yes, specify Cuben, Mexicen, Pa 1 PES 2 NO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life, Do NOT use nating).) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) TRUCK DRIVER 17. FATHER'S NAME (First, Middle, Lest) CHARLES IBACON SR. 16. MOTHER'S NAME (First, Middle, Maiden Surname) after death. Page 6 may be retained by the AUDREYSMITH notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. &MRS. CHARLES I. BACON 6016 HARRISTOWN RD CATONSVILLE MD ä 20e. METHOD OF DISPOSITION

1 A Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, OATE director. BALTIMORE, MD. examiner 21. SIGNATURE OF FUNEBAL BETTVICE LIDE 22. NAME AND ADDRESS OF FACILITY WILLIAM C. BROWN 1206 W. NORTH AVE. filled in by the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Interval Betwee ŏ IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, or the disease or condition_ stain u resulting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF): Heart Failure and corr DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST been signed by the atter pt. of Health and Mental 3 shows any Injury, o PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? certificate har the State D., or item 2 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA OTHER: t TYES 2 NO e 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) After this ce leath with ti marked, 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO After 1 death 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide O THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: A e filed within 72 hours after the MPORTANT: If Item 28 is .09 COMPLETED 6 Could not be 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(e) and menner ee stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, a AsomANIYEBOAH, M) 161 1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A SUMANI PEROAH MA, ST. AGNES HOIPTAL, 900 CATON, AVE, BACIOMORE, MJ, 21229 32. REGISTRAR'S SIGNATURE mAR 1919



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	A	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Ξ
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	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH	
	Elizabeth Louise Beck				03-17-93	YEAR	
	4. SOCIAL SECURITY NUMBER 212-36-8171	1 🗆 M 2 💢 F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-23-39	e. BIRTHPLACE (State or Foreign Country) Davidsonville	
OR	9a. FACILITY NAME (If not institution, give s 1277 Doublegate		90	Davidsonvill	EATH 9c. C	COUNTY OF DEATH	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY						
DIRECTOR	MD Anne	e Arundel	Dav:	idsonville		10d. INSIDE CITY LIMITS? 1 YES 2X NO	
FUNERAL	100. STREET AND NUMBER 1277 Doublegate		101. ZIP CODE 2 1 0 3 5		CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA'		2 NO II yes, specify Cuban, Maxican		n, Puarto Rican, atc.)	- 14. RACE — American Indian, Black, Whita, atc. Specify: White	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. DECEDENT'S USI	JAL OCCUPATION	16b. KIND OF BUSINESS	/INDUSTRY	
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Office	done during most of working tired.) Manager	office of	Public Defend	
8	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malden Surnern	ne)	
C	Francis C. Kind	a			I. Nichols		
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street and Number or Rural	Route Number, City or Town, State	Zin Code)	
2	Edward G. Beck	Sr.		Doublegate R			
	20a. METHOD OF DISPOSITION	200	. PLACE AND DATE OF D	ISPOSITION (Neme of	OATE 20c LOCATION	I — City or Town, Stata	
	k Surial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	avidsonv	ile U.M. Ce	m. David	sonville, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC		1///				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Annual Appress DF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 21401						
CERTIFICATION	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO JOH AS	CONSEQUENCE OF:	stary feel	WW TU -	arreat, Approximate Interval Between Onset and Death	
DICAL CER	PART II. Other eignificent condition	a contributing to deeth b	ut not reaulting in the	ne underlying ceuse given in	Part I. 24s. WAS AN AUTOP:	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)						
္က	T YES 2 NO	HOSPITAL:		THER:			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Penning	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?	8 Other (Specify) 284. DESCRIBE HOW INJURY (occureo	
2 Accident Investigation Type of the plane o						riber or Flural Route Number	
COMPLETED				the time, data and placa, and due			
ğΝ	2 MEDICAL EXAMINE	R: Dn the beats of axeminatio	n end/or investigation, in	my opinion, death occured at the	time, data and place, end due to	o the ceuse(s) and menner as stated.	
ᇤ	SIGNATURE AND TITLE OF CENTURE	Melm	M)	29c. LICENSE NUM	18E9 29d. C	DATE SILEMED (Aronth, Day, Year)	
2	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Prin	0		1111	
	31. DATE FILED (MONTH OFF, YEAR)	32. REGISTRAR'S SIGN	ATURE		-		
	mul TAK	De Jourse	widoon-Alanda	16			

30. NAME AND ADDRESS OF PERSON WHO DOWN

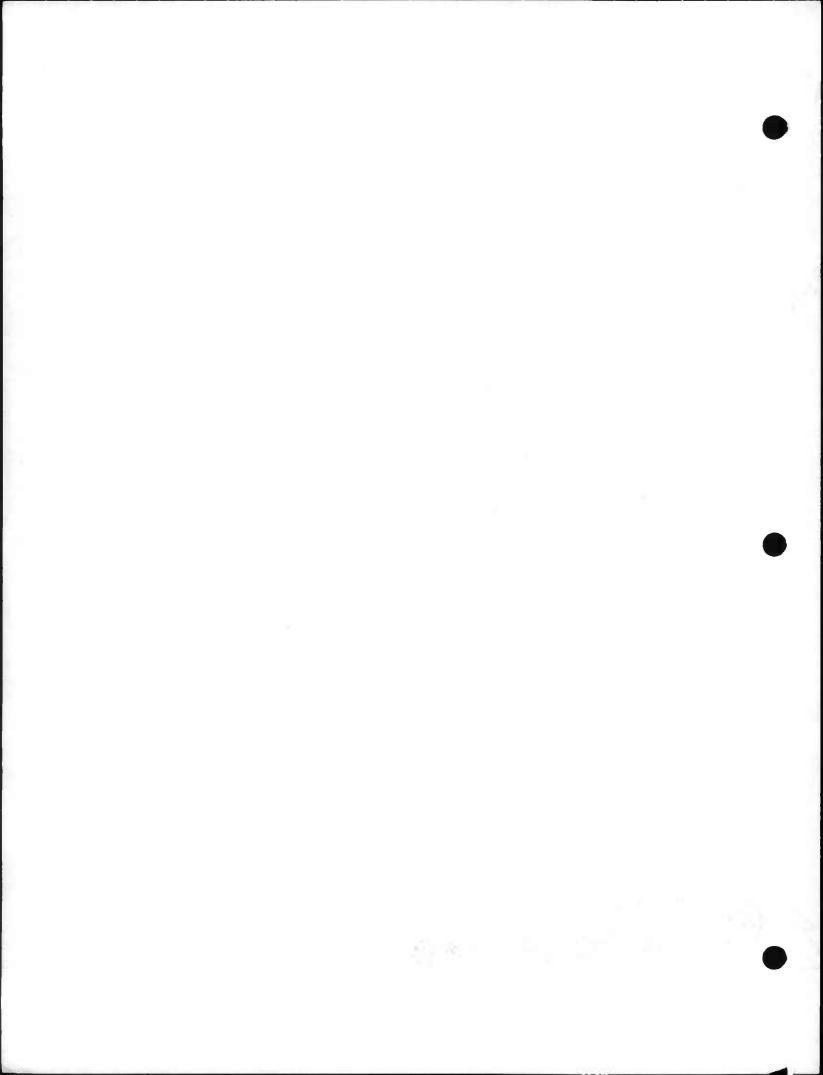
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9^{DAY} LOUIS MONTH 93 J. BARTKOWIAK 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Dey, Year) 7 - 30 - 11 IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS COUNTRY) MARYLAND 213-05-5204 1 X M 2 F 81 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCIS SCOTT KEY MED. CEN. BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 10/ ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 325 HORNELL STREET 21224 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. ORCES? 1 YES 2 1 Never Married 2 Married ВУ 1 YES 2 XNO Specify WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) YEARS RET. STANDARD OTI PETROLEUM be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK BARTKOWIAK KALISZAK IDA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MRS. CAROLINE WANCOWICZ SAME 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE medical examiner must GREEN OUNT CEMETERY 3 - 1BALTO. CITY MD GNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
KACZOROWSKI FUNERAL HOME acouski 2525 FLEET ST. BALTO. MD. ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, by one cause on each line. the diseases, or cor Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition DUE TO (OR AS A CONSEQUENCE OF): Zhous resulting in desth) Item 23 shows any injury, or other traumatic event, mermona weck MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: DIRECTOR: After this certifical hours after death with the St. 1 TYES 2/ NO Inpatient 2 - ER/Outpatient 3 - DOA HOSPITAL OR ATTENDING PHYSICIAN: 4 I Nurs ne 5 - Residence S - Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending Investigation 1 YES 2 NO BY Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL | IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of a investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 王 THE BE

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE...



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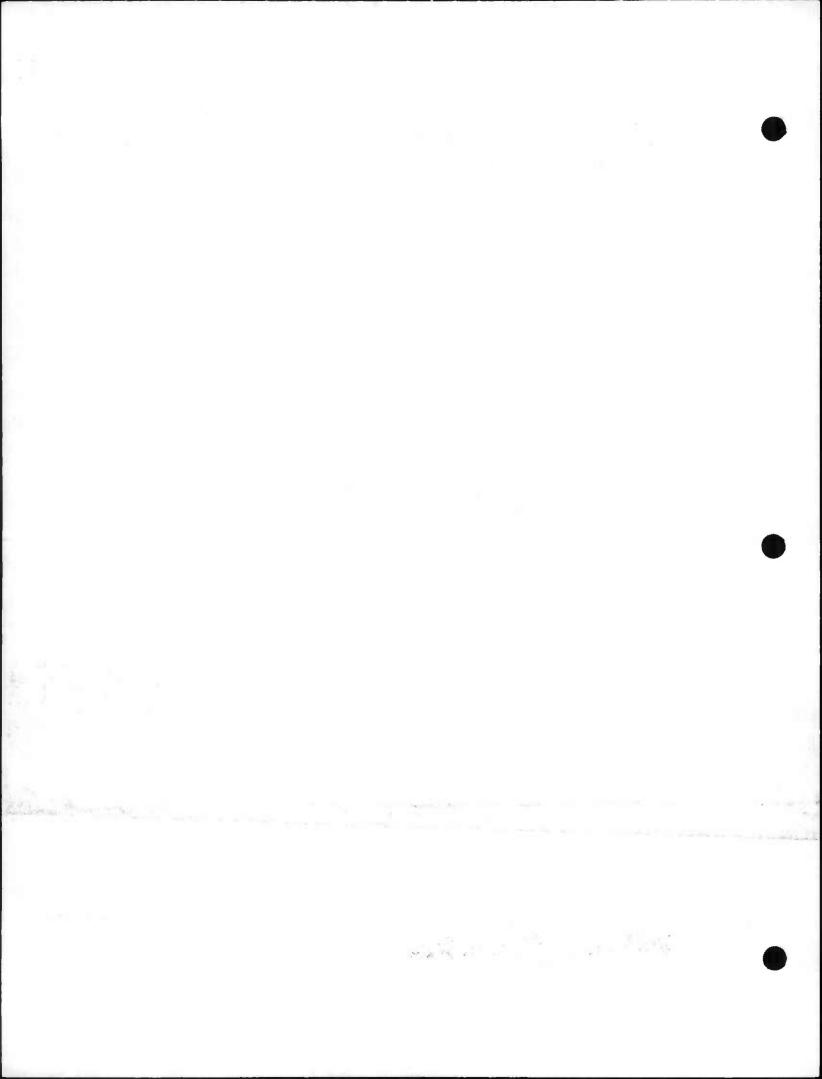
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be neitlified at once.

STATE	0F	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	0	F DEAT	TH		DEC I	NO

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)	B (2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH				
	LOYA	S. COOK		03 13		0 3 1 1 11				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHE Country MONTHS DAYS HOURS MIN. (Month, Day, Year) Country Count									
	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH									
E C	University	46)cni4,0	B-14)	LAIT	Se. COUNTY	OF DEATH				
ظ	RESIDENCE OF DECEDENT	TIOSPING 1	Danie							
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, 1	FOWN OR LOCATION			10d. INSIDE CITY				
	10e. STREET AND NUMBER	<i>D</i>	10f. ZIP CODE		10a CITIZEN	1/ YES 2 □ NO OF WHAT COUNTRY?				
EB/	2906 Key	worth Are	2127	5	U	1.5.4				
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPA		or No 14.	RACE — American Indian, Black, White, etc.				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexico			Specify: R				
	15. DECEDENT'S EDU	ICATION 16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	INESS/INDUST	Diaer				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) (Give kind of world life. Do NOT use in	k done during most of working	IOD. KIND OF BOS	INESS/INDOST	· ·				
MPL										
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Malden S	Surname)					
B	19a. thFORMANT'S NAME (Type/Print)									
임	Hilalain P	. Herrer 296	DORESS (Street and Number or Rural	Route Number, City or Town	State, Zip Code	11/1/2/2015				
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c LOC	CATION — City	or Town, State				
	N Burlei 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	cemetery crematery or other		3/2493 Lee	nsol	July rel				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	22. NAME AND ADDRESS OF FA	CILITY LI 12/257	-					
1	Tola !	narch	Marsh	1 12 brest	2 1	Tre.				
	23. PART I. Enter the diseases, or o	complications that caused the dasth. Do not List only one cause on each line.	snter the mods of dying, suc	h as cardisc or respir	ratory srrest,	Approximats				
	IMMEDIATE CAUSE (Finei	List only one cause on eech line.				interval Between Onset and Death				
	disease or condition resulting in death)	•								
1_1		DUE TO (OR AS A CONSEQUENCE OF):	.O-							
0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	un .							
S	cause. Enter UNDERLYING CAUSE (Disease or injury	a Demen	4							
1 1 1	that initisted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION		d								
됩	PART ii. Other aignificent condition	na contributing to desth but not resulting in t	the underlying ceuse given in	Part I. 24a. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC	·			1 _ YES 2		COMPLETION OF CAUSE OF DEATH?				
Z				}		1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL		00 00 00 00 00 00 00							
PHYSICIAN:	EXAMINER?		26. PLACE OF DEATH (Ch							
\(\delta \)	27. MANNER OF DEATH	284. DATE OF INJURY 28b. TIME O		26d. DESCRIBE HOW IN	JURY OCCURE	D				
ВУР	1 V Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJUR	Y WORK? M 1 YES 2 NO							
	3 Suicide 8 Could not be	26a. PLACE OF INJURY — At home, farm, stra- building, etc. (Specify)	et, factory, offica	281. LOCATION (Street as City or Town, State)	nd Number or Ru	ural Floute Number,				
COMPLETED										
MPL		CIAN: To the best of my knowledge, death occurred a								
8		R: On the basis of examination and/or investigation, i			I dua to the ceu	use(s) and manner se stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Am	29c. LICENSE NUI	WBER	29d. DATE SIG	NED (Month, Day, Year)				
유	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri		1 101	-	C A (140.4				
			te 308, Ba	lt. mD	21201	C,A.HASHAM				
	MAR 19 1993	A P. REGISTION'S SIGNATURE				, , , , , , , , , , , , , , , , , , , ,				
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degri A Health and Mental Hygiene pound; the medical examinar must be partitled at page 4 page.
THE CHILD IS NOT BE ASSESSED TO SHEET TO SHEET TO SHEET THE WASHINGTON THE PARTY OF

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN		TMENT OF HEA		MENTAL HYGIENI REG. NO.		1002
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	CROSBY VIEC	iDIA M				MONTH DA	93	1252 M
	4. SOCIAL SECURITY NUMBER 5. 6		yrs. last birthday)	IF UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign
	3/4-38-5020 1 Des. FACILITY NAME (If not institution, give street as		SS YRS.		OURS MIN.	(Month, Day, Year) 1-2-38	Count	VA.
on I	Deaton Specialty Hos	pital + Home		Baltime		ATH	9c. COUNTY OF E	DEATH
ទួ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 CITY	, TOWN OR LOCATION				
DIRECTOR	Hd			Sa Ho				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3328 SUMLEY	Aus			CODE	7.	10g. CITIZEN OF	WHAT COUNTRY?
ž		MAS DECEDENT EVER IN U	S. ARMED	13 WAS DECEMO	ENT OF HISDAN	IC ORIGIN? (Specify Yee	or No - 14 PAC	E — American Indian,
BY FL	1 Never Married 2 Married		2 (NO	If yes, specify	Cuben, Mexican	n, Puerto Rican, etc.)	Blec	k, White, atc.
_	15. DECEDENT'S EDUCATION	v I.	S. DECEDENT'S	USUAL OCCUPATION		445 VIUD OF BUILD		my: Black
	(Specify only highest grade compl	eted)	(Give kind of w life. Do NOT us	ork done during most of	working	166. KIND OF BUS		
COMPLETED	114	ege (I-4 or 5 +)	Day Co	ire Provi	der	Tun	114 Day	Cart
g B	17. FATHER'S NAME (First, Middle, Last)			19	MOTHER'S NAM	WE (First, Middle, Maiden S	Surname)	
BE	George Tollver	<u> </u>			-OUSE	2. Hill		
2	19a. INFORMANT'S NAME OLDO/Print)		19b. MAJLING	ADDRESS (Street and N	lumber or Rural R	loute Number, City or Town	, State, Zip Code)	-
	20a. METHOD OF DISPOSITION	1	337	& Sumt	er Hu	2 Balt	v, red	4213
	1 Buriel 2 Cremetion 3 Removal for 4 Donation 7 Other (Specify)		ry, crematory or ot	her place)	"Park	3/19/95 A	ATION — City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	1 19	Prouvi	22. NAME AND A	DORESS OF FAC	1 10 1111	JUTUS, P	4
	+ Portia &	bron		March	FIH	real New	2 _	
11	23. PART I. Enter the diseases, or compl	icationa that caused ti	he death. Do n	ot entar tha mode	of dying, such	as cardiac or reapir	atory arreat,	Approximata
	shock, or heart failure. List of IMMEDIATE CAUSE (Final	nly one ceuse on esci						Interval Between Onset and Death
	disease or condition resulting in death)	Pontine	hor	north	292			4 morette
		DUE TO (OR AS A CO	ONSEQUENCE OF):	0			
S O	Sequentially list conditions, b	DUE TO (OR AS A CO	ONSEQUENCE OF),				
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	((,				
Ĕ	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):				
SER	resulting in death) LAST							
ပ	PART II. Other aignificant conditions cor	tributing to death but	not resulting in	n the underiving ce	use given in I	Part I, 24s. WAS AN	UITOPSV 24h	. WERE AUTOPSY FINDINGS
<u>ა</u>		A I K to Toron I was a long or				PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 _ YES 2	□ NO	OF DEATH?
PHYSICIAN: MEDIC						_		1 TES 2 NO
<u> </u>	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Che	ck only one)		
S		SPITAL: Inpatient 2 ER/Outpatie	ent 3 🗆 DOA	OTHER: 4 - Nursing Home 5	☐ Residence (8 Other (Specify)		
E I	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME		AT	28d. DEŞCRIBE HOW IN	JURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				2 🗌 NO			
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Specify)	At home, ferm, s	treet, fectory, office		261. LOCATION (Street at City or Town, State)	nd Number or Rural i	Route Number,
COMPLETED		To the best of my knowled						
8	2 MEDICAL EXAMINER: On	the basis of exemination e	nd/or investigation	i, in my opinion, death	occured at the t	lime, date end place, end	due to the ceuse(e	e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	c. Ho.	dono V		D 34	BER Q7/	29d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH	, .	13.00	2 24	114		
	C. P. MEHTA, M;	D 7154 C	radle	rock we	ery,	Columb	ria, r	1D21045
	MAR 1 9 1993	32. REGISTRAR'S SIGNATU	JRE				<u></u>	7
	2 ,000 7		A Production of					

Att all rest of where the

YEAR

9c. COUNTY OF DEATH

1993

1918

3. TIME OF DEATH

4:56 P

8. BIRTHPLACE (State or Foreign

Maryland

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) David March 17, Collett 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
Dec. 31, IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 X M 2 - F HOURS 212-16-6512 Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Francis Scott Key Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore permit. 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 901 N. Iris Ave. be detached for use as the burial-transit 21205 HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 XX Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WWII COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondary (0-12) College (1-4 or 5+) NA NA Service Representative once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Charles Collett Ħ Catherine Mulcahy BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy K. Collett (Wife) 901 N. Iris Ave., Baltimore, Md. 21205 pe 20a. METHOD OF DISPOSITION
1 Burlal 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must emetery, cremetory or other place)
Lorraine Park Mausoleum 4 Donation 5 Other (Specify) Entombment 3/20 examiner 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3331 Brehms Lane, Baltimore, Md. the attending physician and completely filled in by the 1 Mental Hygiene prior to bunal, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) ardine event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL signed by the shows any s certificate has been s th the State Dept. of H id, or item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF 28c. INJURY AT WORK? is marked, 1 Natural DIRECTOR: After thin hours after death witten 28 is mark 1 YES 2 NO В 2 Accident 28e, PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTL DE filed within 72 hours at IMPORTANT: If item 2 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 Image: Transfer of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the control of the time, date and due to the control of the time, date and due to the control of the time, date and due to the control of the time, date and due to the contr 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and menner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

- Ilm

Dr. Adnan Sonmez,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

July Deviden - Rende

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? U. S. A. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Trucking Company 20c. LOCATION — City or Town, State Baltimore, Md. 21213 Approximate interval Between Onset and Death my kut 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 PNO 1 | YES 2 | NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 13366 500 N. Rolling Road, Baltimore, Md. 21228 OHMH-16 Rev 1/89

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FOR STATE REGISTRAR

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DIVIDION OF ALIAC DECORDS, F.O. BOA 86760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af
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DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 18 1993 MENTH MENTH 9:30 Phyllis Chiodo A . M 5. SEX 6. AGE (In yrs. last birthday) B. BIRTHPLACE (State of Foreign COUNTY) + VIP9) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 1 M 2 X F 80 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH out FUNERAL DIRECTOR KIMORR OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d, INSIDE CITY * IMORE 1 TES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21224 INSON er death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 WHO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-2 Merri BY IF YES, GIVE WAR OR DATES 1 | YES 2 2 10 Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION secilly only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY maker &Me once. 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, Middle, Maiden " FARELLI 05cph AMEL funeral director, page 5 should be notified at BE 26721 19a. INFORMANT'S NAME (Type/Print) 2 40 U 2 must be METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20¢ LOCATION - cfh 2 Cremation 3 4 Donation 5 DO Other (Specify) cate has been signed by the attending physician and completely filled in by the funeral din State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 23 shows any Injury, or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph N. Zannino Jr. Funeral Home In by the f Conkling Street Balto. Md21224 ses, or complicationa that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, Approximate shock, or heart failure. List only one ceuse on Interval Between Onset and Death IMMEDIATE CAUSE (Final resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

Dealette melletus 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 ANO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 I ER/Outpatient 3 I DOA 0 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with time the marked, 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Acciden 28e. PLACE OF INJURY — At home, farm, street, factory, building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 29e. CERTIFIER 1 F CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examin-BE (포포 >3/19/ W11150 93 223 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. 441 S. ELLWOOD AVE. BALTIMORE, MD. 21224 TORRES. 32. REASTRAN'S SIGNATURE 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	THE STATE OF THE SAY REQUIRES THAT THE GRATH CENTINICATE BE EXECUTED WITHIN 24 HOURS After death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2. 3 should	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
- Same	SP W CONTRACTOR	VET A CONTRACTOR AND	nin moved and dea	IT: If item 28 is m
1	IO THE HO	TO THE FUN	be filed with	IMPORTAR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
		В.	CONNELLY							03 / 10 / 1993			11.05 PM
	4. SOCIAL SECURITY NUME		5. SEX	5. SEX 6. AGE (In yrs. lest birthd								IPLACE (State or Foreign	
	118-05-904	_	1 M 2X F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	5-17-191	5		"York
·	9e. FACILITY NAME (If not institution, give street and number)					2.7		OR LOCATI			1,2	NTY OF D	
DIRECTOR	THE JOHNS HOPKINS HOSPITAL						BALI	IMOR	E CI	TY	BA	LTIM	ORE
E C	10e. STATE		10c. CIT	Y, TOWN	OR LOCA	TION					10d, INSIDE CITY		
픕	NewYork		Chautau	qua				Jai	mesto	own			LIMITS?
AL AL	10e. STREET AND NUMBER						10	f. ZIP COD			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL		109 Ca	tlin Ave	nue					14	1701		U.	S. A.
	11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divo		IF YES, GIVE V					2 NO				Spec	
					100 KIND OF BUIL	111500 1111		wilte					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Director 16. MOTHER'S NAME (First, Middle, Last) 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY													
Director Social Work													
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme)													
ш		A	ugust J.	Boehmke					I	Louise Hei	nemar	nn	
TO B	19a, INFORMANT'S NAME (T									loute Number, City or Tow			
-	Mark Conne		<u> </u>	4	423Ke	eenar	n Dr	ive 1	Ellic	cott City,	Mary!	land	21042
	20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLACE A	matocy_ps of	OF DISPOS	SITION (Ne	ame of			CATION —		
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		PENSEE	Sunse	t Hi		_	ery		· Das	sti, New York		
	midel	0 0	a	10_						Marzul.			1 Service
	menae	e 1.	marque	4		39	981C	arro	lltor	Road Uppe	erco,	Mary	land 21155
	23. PART I. Entar the di shock, or he	seaaas, or cart fallure.	complications tha List only one cau	t caused tha de	ath. Do r	not entar	the mo	da of dy	ing, auch	as cardiac or respi	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Findisease or condition	al		1		1	1		٠ ٨				Onset and Death
	resulting in death)	→	a. Cov	igestive	2	tea	it	F	rilu	re.			5 years.
	DUE TO (OH) AS A CONSEQUENCE OF):										11/20		
CERTIFICATION	Sequentially list conditi	Sequentially list conditions, Due to (or as a conscouence of): Due to (or as a conscouence of):									TYBAR		
SA	cause. Enter UNDERLYI CAUSE (Disease or inju	NG	c.	Infe	ction	n							I WEEK
빌	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	DUENCE OF	7):							
Ä	resulting in death) LAS		d										
	PART ii. Other significa	nt condition	a contributing to	death but not r	esulting i	n the ur	nderlying	g cause g	given in i	Part i. 24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
										1 TES 2	NO		1 TYES 2 NO
1										_			1 123 2 K HO
N S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					_	ACE OF D	EATH (Che	ck only one)			
Sic	1 WES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Re	sidence	B Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	vocen	28e. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJ WO	URY AT		28d. DESCRIBE HOW H	JURY OC	CURED	
B≺		Pending nvestigation				М	1 🗆 1	rES 2	NO				
		Could not be	28e. PLACE O building,	F INJURY — At horetc. (Specify)	me, term, s	treet, fact	ory, offic	•		28t. LOCATION (Street a City or Town, State)	nd Number	or Rural F	loute Number,
<u> </u>	AA ACCUSED												
COMPLETED										to the cause(s) end man			
00	2 MEON			xamination end/or I	rvestigatio	n, In my o	opinion, d	eath occur	ed at the t	time, dete and place, an	d due to th	ne ceuse(e) end menner ee stated.
띪	29b. SIGNATURE AND TITLE	OF CERTIFIE	111	nust	MI			29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WIL	O COMPLETED CAN	SE OF DEATH AVE					_			3/10	/93
	- 1	RARD		JOHNS	Honk	mnn)	1.1	niver		. /			
	31. DATE FILED (Month, Day,	rbar)	2 REGISTRA	R'S SIGNATURE	- Op it		UY	nver	(211	7		-	
1	MAR 191	1993	Juna Dav	don-hond									

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BALTIMORE, MARYLAND 21215	hospital	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	cecuted	
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4	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or affered	The second secon

the bunal-transit permit. Pages 1, 2, 3 should use as director, page 5 should be detached F notified pe must examiner medicai npietely fillex cremation, t the event. and com traumatic prior to signed by the attending phy Health and Mental Hygiene I 0 Injury, any shows : TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requipe THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of 1 IMPORTANT: If Item 28 is marked, or Item 23 sho

BY FUNERAL DIRECTOR

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 9 Sec if a

1 Never Married 2:

3 Wildowed 4 Divorced

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

4 Donation 5 Other (Specify)

15. DECEDENT'S EDUCATION

ALBERT

(Specify only highest grade co

MRS. CLAIRE COHEN

20a METHOD OF DISPOSITION
1 Ø Buriel 2 ☐ Cremation 3 ☐ Removal from State

21. SIGNATURE OF FUNERAL SERVICE/LICENSEE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) Harven (HARVEY LEE COHEN) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 216-34-6286 55 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Sinai Hospital Bolto RESIDENCE OF DECEDENT 10b. COUNT 19c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE PALTIMORE 10e, STREET AND NUMBER 2218 SUGARCONE ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

COHEN

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(Give kind of work of life. Do NOT use reti

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REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 40 03 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 8/01 3 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 - YES 2 NO

IOI. ZIP CODE			10g. CI I	IIZEN OF WHAT COUNTRY?				
	21209				ISA			
II ye	DECENDENT OF HISPAN	IC ORIGIN? (Specify Year, Puerto Rican, atc.)	n or No-	14. RACE — American Indian, Black, White, etc.				
1 []	YES 2 NO Specify			Specify:	WHITE			
AL OCCU lone durir red.)	PATION ng most of working	16b. KIND OF BU	16b. KIND OF BUSINESS/INDUSTRY					
CORN	EV		LAW					
	18. MOTHER'S NAI	ME (First, Middle, Malden	Sumame)					
		TOBY	RI	BERKOF				
RESS (St	reet and Number or Rural R	loute Number, City or Tow	n, State, Zi	p Code)				

19b. MAILING ADD 2218 SUGARCONE RD. BALTO. MD 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE

3/17/þ3 BALTIMORE, MD ANSHE EMINIAH SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215

23. PART/I. Enter the diseases, or shock, or hasrt failur	or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, e. List only one cause on each line.	Approximata interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIAC ARREST	Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):	
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES TO 1 YES 2 NO

	FRED TO MEDICAL	26. PLACE OF OEATH (Check only one)									
1 YES 2	40	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	OTHE	ER: ursing Home 5 - Residence	8 Other (Specify)						
1 Manner of DE	5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED						
3 Suicide 4 Homicide	6 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, fa	ctory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

I	29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.	
l	onel	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner	-

		f examination and/or investigation, in my opinion, of	lesth occured at the time, dete and place, a	nd due to the cause(e) end manner ea stated.
29b. SIGNATURE AND TIT	LE OF CENTIFIER		29¢ LICENSE NUMBER	204 DATE BIONED (March Co. Verd

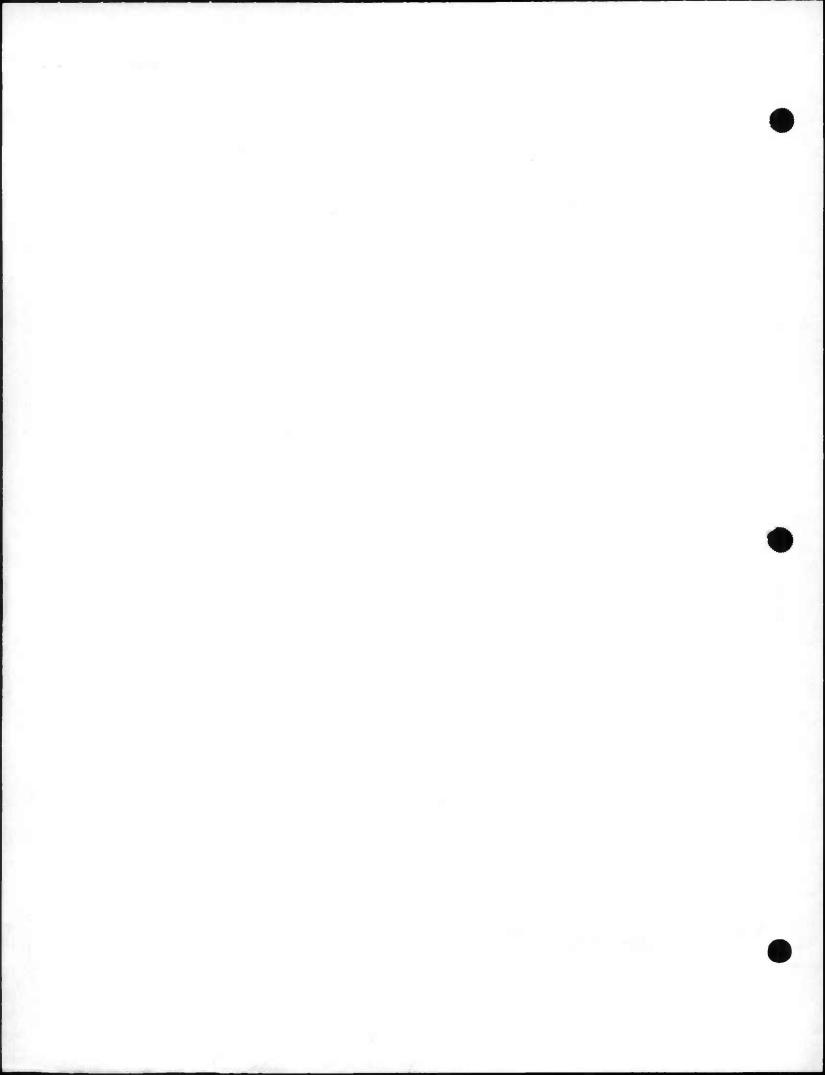
/ I N - A	ESC. EIGENSE NOMBEN	290. DATE SIGNED (MORITI, Day, 1981)
Meyer MD	D18317	► 3/1×/9>
NAME AND ADDRESS OF BERSON WILL DOWN STOR OF THE PARTY OF		

QUET BO BACTO DE 2028. MD X1000 OLD

32. HEGISTRAL'S SIGNATURE AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESS



DIVISION OF VITAL RECORDS,

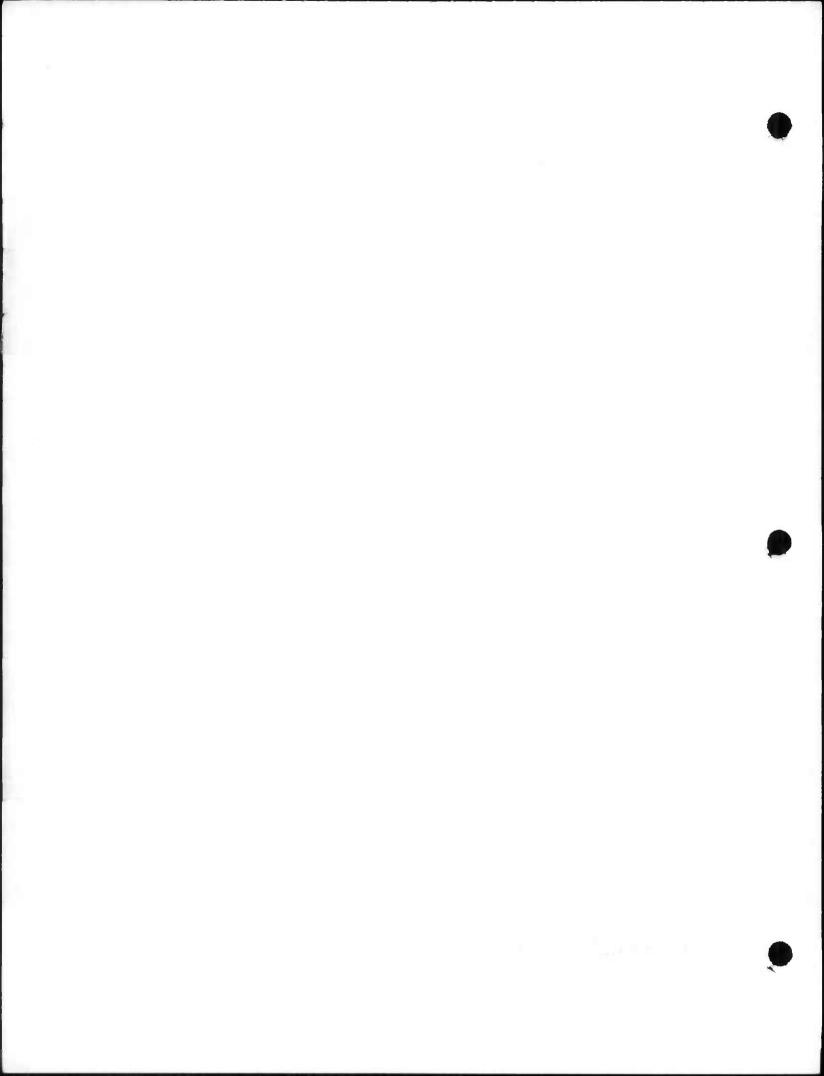


TO BE COMPIETED BY EINERAL DIBECTOR	TO BE COMPLETED BY BUYCLCIAN: MEDICAL CEDTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
this certificate has been signed by the attending physician and completely filled In by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 show with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled In by the I be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.

MAR 20 1993

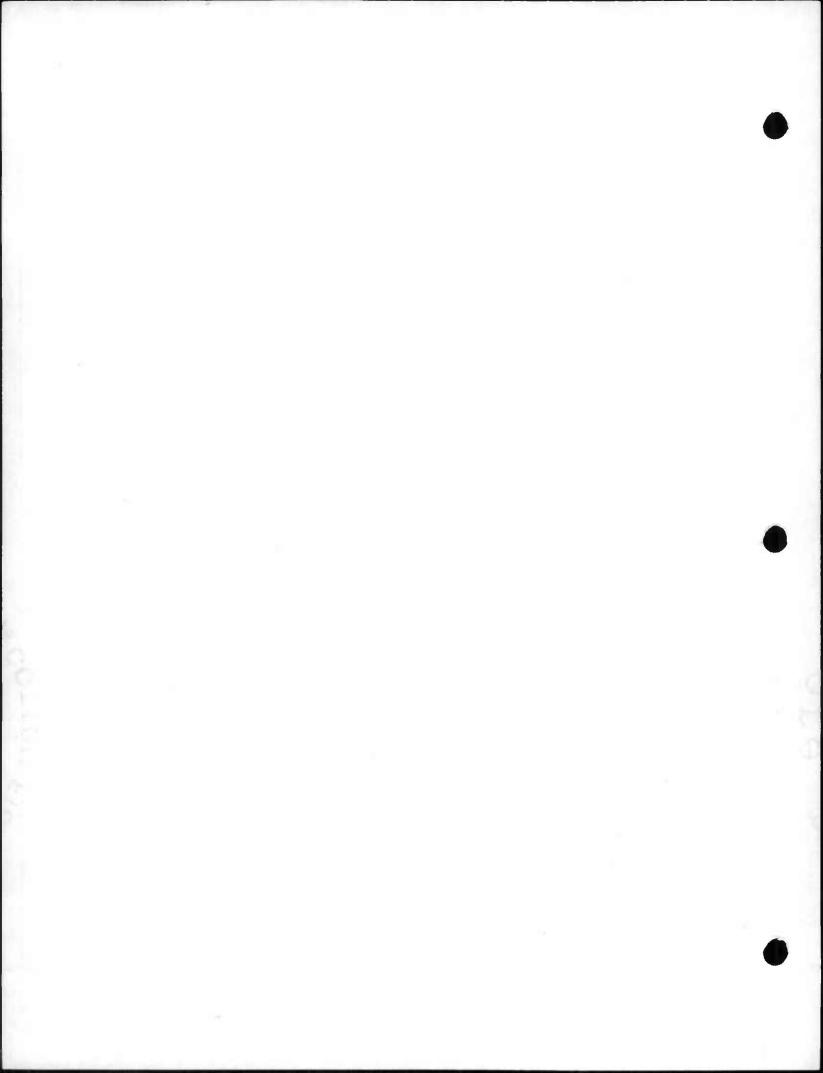
32. REGISTRAR'S SIGNATURE

						9	3 0/36/			
	1 - FOR STATE OF MARY REGISTRAR		RTMENT OF H		MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Land)	Creis	bton)	2. DATE OF DEATH DAY	7 19	2. TIME OF DEATH			
Ì	4. SOCIAL SECURITY NUMBER 5. SEX 8 8. AG	E (in you was corregile) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOUME MIN.	7. DATE OF BIRTH (Month, Day, War)		HITTHPLACE (State or Foreign Country) ACCUS BUCA PA			
۳.	Se. FACILITY NAME (If not institution, give street and number)		BE CITY, TOWN O	R LOCATION OF DE	ATH) W D	Be. COUNTY	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CI1	TY, TOWN OR LOCAT	ION	1, /pa		10d. INSIDE CITY			
	Maryland na			imore zip cope		10- CITIZEN	LIMITS? 1 YES 2 NO OF WHAT COUNTRY?			
FUNERAL	700 W. 40th St Keswick Nur		1		21211		USA			
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS OECEOENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 NO	If yes, spe		IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)		RACE — American Indien, Black, White, atc. Specify: White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S	S USUAL OCCUPATION work done during mo		16b. KIND OF BUS	INESS/INDUST				
COMPLETED	Elamentary/Secondary (0-12) College (1-4 or 5+) 12+ 3	, no. 20 No.	100100.,		Advert	izing				
BE CO	17. FATHER'S NAME (First, Middle, Last) George W Greighton			Margar	ME (First, Middle, Maiden : et Wilson					
2	Mrs Joan W. Greighton				Baltimore		*			
	20e. METHOO OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Removal from State 4 ☒ Oonetion 5 □ 9ther (Specify)	other place)	OSITION (Name of cen	netery, crematory or	20c. LO	CATION — City	or Town, State			
	21. SHEMATURE OF FUNERAL SERVICE LICENSES, MONALD	Wade, Dir 3/18/9		altimore	State St,Balto		my Board 201			
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause or IMMEDIATE CAUSE (Final	and the death. Do and line.	not anter tha mo	da of dying, suc	n as cardiac or respi	ratory arrest,	Approximsta interval Between Onset and Daath			
	disease or condition resulting in death) a. OUE TO (OR ASIA CONSEQUENCE OF):									
NO.	Sequentially list conditions, If any, leading to immediate b. Due to (OR AS A CONSCOUENCE OF):									
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events C. DUE TO (OR A	S A CONSEQUENCE	fficen	7						
CERT	reaulting in death) LAST									
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death	but not resulting	in the underlying	g causa given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Z. ME					—		1 _ YES 2 _ NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/C	sutnetlent 3 🗆 004	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)					
	27. MANNER OF OEATH 28a. DATE OF INJUIT (Month, Day, Yea	TY 26b. TI	ME OF 28c. INJ		28d. OESCRIBE HOW I	NJURY OCCUR	EO			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJI building, stc. (5	JRY At home, farm. Specify)			28t. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kr						sussis) and manner as stated			
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	The second street and second s	on my opinion, c	29c. LICENSE NUI			GNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Typ	pe, Print)	DIZY	γ')	7	~ 7.5			



0	a	ă
BALTIMORE, MARYLAND 21215-00	ath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	ittending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu
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P.O. BOX 68/60,	ng cr	ttending physician and completely
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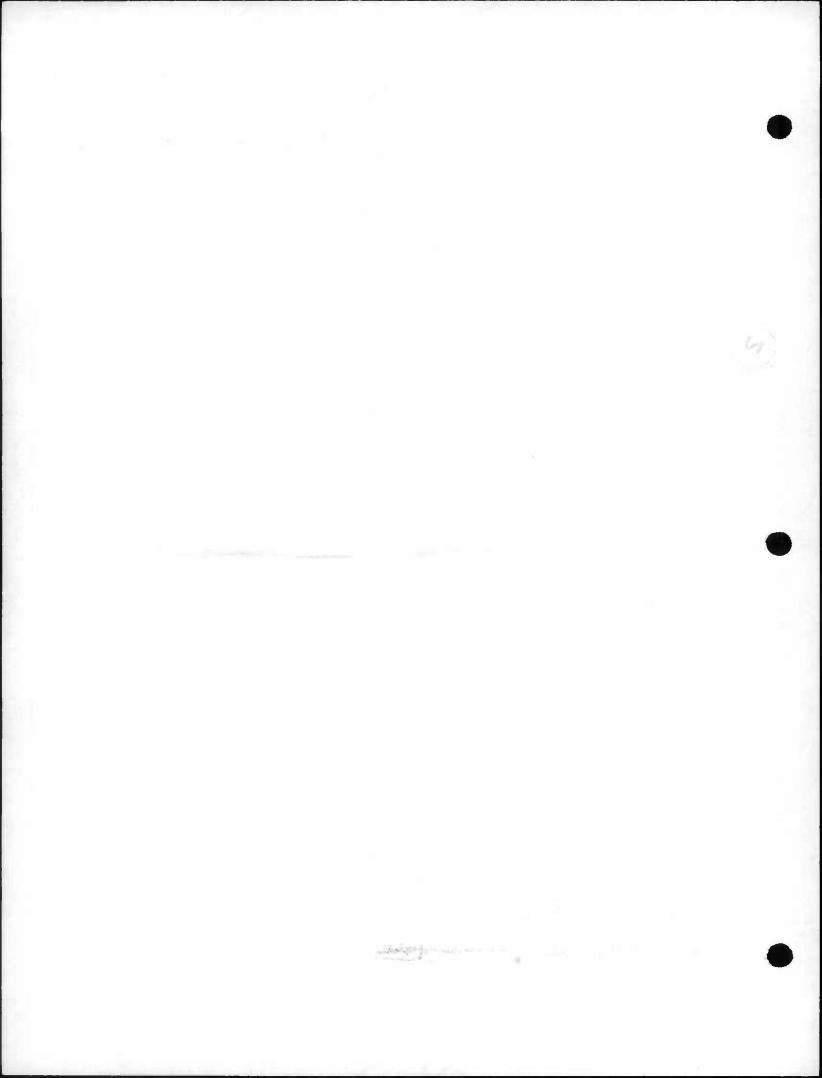
		1 - STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO		07000			
		1. DECEDENT'S NAME (First, Middle, Ast) COHEN	(MAR	Y COHE	en)	2. DATE OF DEATH D	×14 9	3. TIME OF DEATH PM			
29	2000	2/2-42-3286 PIOM2 OF	/3 L	IF UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	900 B. BH	ATHPLACE (State or Foreign unitry) MARYLAND			
, 3 should	NC N	99. FACILITY NAME (if not institution, give street end number) SINAI HOSPITAL			OR LOCATION OF DES	ATH	9c. COUNTY O	F DEATH			
	- DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY									
(*)		MARYLAND 106. COUNTY	10c, CITY,	BALTI			10d. INSIDE CITY LIMITS? 1				
0.20 physician. burial-transit	ERAL	10e. STREET AND NUMBER		100	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
	BY FUN	2903 FALLSTAFF ROAD			21209		USA				
		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA'	2 NO	If yes, sp	CENDENT OF HISPANI Hecity Cuban, Mexican 3 2 NO Specify:		8	ACE — American Indian, lack, White, etc.			
or attending r use as the	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S U	SUAL OCCUPATION OF MORE	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	1			
ed spital of	APLET	Elementary/Secondary (0-12) College (1-4 or 5+) 2	life. Do NOT use	PRIETOR			CLOTHING	STORE			
	COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	NE (First, Middle, Maiden					
ed by	BE		YER			MINNI		NKNOWN)			
MA retain 5 sho	5	194. INFORMANT'S NAME (Type/Print) MR. GILBERT COHEN				oute Number, City or Tow E, BALTO.,		201			
			PLACE AND DATE OF		VESHEAR :		CATION — City of ROSEDALE				
AL I IMOR death. Page 6 ma funeral director, p	2	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Language Comparing the co	nson	22. NAME A	ND ADDRESS OF FAC	SOL LEV		BROS., INC., MD 21215			
by the or removal.		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
filled in for, or the me		ehock, or heert failure. List only one cause on ee	cular to					Interval Between Onset and Death			
8 5 a 6	Z	S M	consequence of	his							
or train	CATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
certifica ding ph Hygiene	ERTIFICATION	thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
2 8 8 5	Ö	PART II. Other significent conditions contributing to deeth but	ut not resulting in	the underlying	a cause alven in I	Part I, 24s. WAS AN	Alimpey	24b. WERE AUTOPSY FINDINGS			
7 265	ICAL	ATHO	t not resulting in	the diddinym	g cause given in i	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
requires the signed of Health	MEDIC					1 🗍 YES 2	DENO	OF DEATH? 1 YES 2 NO			
to law requests been Dept. of 1						_		NA			
AN: The law inficate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Che	ck only one)					
SICIAN: The Certificate the State I, or item	IYSI	1 YES 2 NO 1 Inpatient 2 ER/Outpa	itient 3 DOA	2790.307	ne 5 🗆 Residence (
DING PHYSI After this c death with	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME INJU	RY WO	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED				
TTENDI TTENDI TOR: A after d	ETED	3 Suicide 6 Could not be 4 Homicide determined	— At home, ferm, str	reet, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or Rur)	al Route Number,			
TAL DR VAL DIRI	COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowle one)						ie(a) and manner as stated.			
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 I	8	250. SIGNATURE AND THELE OF CERTIFIER		_	29c. LICENSE NUM D / 7		29d. DATE SIGN	IEO (Mopth, Day, Year)			
	5	30 HAVE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, 1	e Br		Md	212.11				
M		31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNA		, , ,		100	VIVIS				
` [MAR 1 9 1993 Julie Tries	- Randelle								



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYI		MENT OF H		MENTAL HYGIEN REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Leat) J	osephine	Ethel C	Papin P	ins	2. DATE OF DEATH MONTH	93	3. TIME OF DEATH			
	150-32-4104	1 🗆 M 2 🔯	(In yra. last birthdey) 9 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-25-02		HATHPLACE (State or Foreign Jountry) [taly			
LOR	9a FACILITY NAME (If not institution, give stre Pleasant Living	•	Home	Edgewat	R LOCATION OF DE	ATH	Anne	Arundel			
DIRECTOR	10e. STATE 10b. COUNTY	The strip to the s									
FUNERAL	10e. STREET AND NUMBER 5721 N. Shore P	arkway		177	20733		.1119	OF WHAT COUNTRY?			
BY		12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 ₩NO	If yes, spe		IC ORIGIN? (Specify Yea n, Puarto Rican, etc.)					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	Ille. Do NOT use	ork done during mo retired.)	ne durina most of workina						
	12 17. FATHER'S NAME (First, Middle, Last)		Retall	sales	18. MOTHER'S NAI	Retall ME (First, Middle, Meiden ia Pugno		5			
TO BE	Adolfo Sapelli 19a. NFDRMANT'S NAME (Type/Print) Marv Jo Drantt	e1			nd Number or Rural R	loute Number, City or Tow					
	Mary Jo Dranttel 5721 N. Shore Parkway, Churchton, MD 2073 20a. METHOD OF DISPOSITION X Surfal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commeters, crematory or other place) Crant Township Cemetery Freesoil, Michigan										
	21. SIGNATURE OF FUNERAL SERVICE LICE		1	Hard	esty Fu	neral Ho Avenue,	me, P	. A .			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ehock, or heart failure. List only one cause op each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due to (On AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CERT	PART II. Other eignificant conditions	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
SICIAN		HOSPITAL:	Institut 3 🗆 DOA	OTHER:	ACE DF OEATH (Che						
Y PHY	27. MANUER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E DF 28c. INJ		28d. OESCRIBE HOW I	INJURY OCCUR	ED			
TED BY	3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									
COMPLETED	tornon oray	AN: To the best of my kno						ruse(s) and manner as stated.			
BE	29b. SIGNATURE AND JITLE OF CERTIFIER	1 Steer	fell		29c. LICENSE NUN	IBER	29d. DATE SI	GNSO (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WIS	TRINFEL	-0,		VSi0e	Md	207	64.			
The second	31. DATE FILED (Month) Day, Year)	32. REGISTRAR'S SIG	46.4. 8	*							



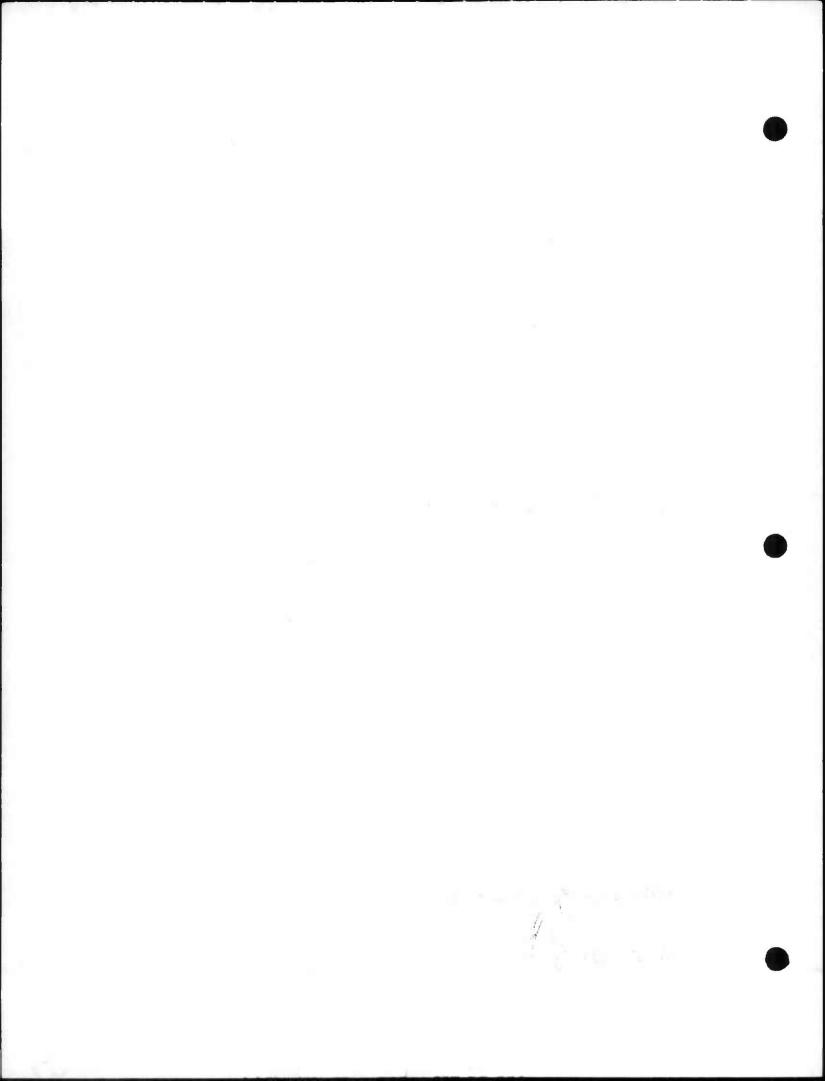
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		1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND C	/ DEPAR	TMENT	OF H	EALTH	AND I	MENTAL	HYGIEN REG. NO			1010	,
		1. DECEDENT'S NAME (First, Middle, Last)		-						2. DATE (F DEATH		EAR	3. TIME OF DEA	ТН
		HARRY 4. SOCIAL SECURITY NUMBER	H _a					AL •		03		16	93	12:37	₽₩
Pin		214 54 5976	1 (C)	42	YRS.		DAY8	#F UNDER	MIN.		Day, Year)	1950	Country Mai	PLACE (State or F	oreign
, 2, 3 should	стов	99. FACILITY NAME (If not institution, give of FRANCIS SCOTT 1	110	CAL C	ENTE	96. CITY, 1 R B				CITY		9c. COUNT	Y OF DE	EATH	
it. Pages 1,	DIREC	10a. STATE 10b. COUNT	v altimore		10c. CIT	Y, TOWN OR	LOCAT			-				10d. INSIDE CITY LIMITS? 1 YES 2	
(III)	FUNERAL	10. STREET AND NUMBER 446 Eastern	Ave.			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA									
21215-0020 al or attending propertor use as the contractor	ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerlo Ricen, etc.) 1 — YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerlo Ricen, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White								
	IPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of a le. Do NOT us	vork done du se retired.)	ring mos	st of workin	g	16b.		can-Ha		Co	
MARY! retained by 5 should be notified at	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Harry H. De	al Sr.					16. MOTH	Dor		ddle, Meider Tasol				
	TO B	190. INFORMANT'S NAME (Type/Print) Rosemary Deal Wife 42 I						NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Landmark Court Baltimore, Maryland 21221							
ALTIMORE, death. Page 6 may be funeral director, page		209 METHOD OF DISPOSITION 14 Gurlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	AND DATE OF AMERICAN OF AMERIC	of disposition of the place Cemet	ery	-				CATION - CH Baltim		vn, Stete County	Md		
0 =		22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, Md. 21221													
760, ed within 24 hours aft ompletely filled in by II, cremation, or remo event, the medica		23 PART I. Enter the diseases, of ahock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO OF	Ohy XI	EQUENCE OF	not enter th	he mod	de of dyl	ng, such	n es cerdi	ac or resp	elratory arrea	t,	Approxim intervel B Onset and	etween
P.O. BOX h certificate be examing physician a Hygiene prior to or other traum	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Choking on foreign Body DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
RECORDS, P w requires that the death been signed by the atten pt. of Health and Mental I 3 shows any Injury, o	MEDICAL (PART II. Other significant conditions contributing to deeth but not resulting in the under						ceuse g	ilven in i		PERFOI	RMED?		WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF (OF DEATH?	TO
Law law bept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL/	ACE OF DE	EATH (Che	ck only one)					
PHYSICIAN: The this certificate h with the State (HYS	1 X YES 2 NO	1 Inpatient 2 ZE		3 DOA 28b. TIM	4 - Nursin	g Home 8c. INJU	-	sidence						
ING PHYS Meath with marked	BY PI	1 Nstural 5 Pending Investigation	(Month, Day,	Ybar)	INJ	M	1 🗌 YI	RK? ES 2	NO			INJURY OCCUP			
DIVISION DR ATTENDING DIRECTOR: After hours after death item 28 is mai	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF IP building, etc.	(Specify)	ome, farm, s	treet, factory	y, office			281. LOCAT	TON (Street Town, State)	end Number or)	Rural Ad	oute Number,	
글 기가 들	COMPLET	290. CERTIFIER (Chock only one) 1 CERTIFYING PHYSI	CIAN: To the best of my R: On the best of exam										euse(s)	and menner ee s	tated.
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIEI		ut m	3		- 1	29c. LICE						(Month, Day, Year) 1993	
1	-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE (Str	-pa+	R	a]+i	more	, Mar	v1=	and 2	1201
0	1	31. DATE FILED (Manth, Day, Year)	32. REGISTRAR'S	SIGNATURE	70	0	0 -1		, 100	لط یا شیام	HOLG	, Hul	YIC	2.	1201

DHMH-18 Rev 1/89

. T. A. L. A . . An artificial and the second of - No. Zimmer E salmi and 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

		REGISTRAR			CERTIF	ICALE	OF	DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATN		3. EAR	TIME OF DEATH
		JAMES	Lerov			DANII	ELS	5	0.3	04			:32 Pm
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE O			BIRTNPL	ACE (State or Foreign
41		236 38 9850	1 🔣 M 2 🗆 F	66	YRS.	MONTHS	DAYS	HOURS MIN.	12-	21-26		Country)	
3 should		9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN (OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	īN
2,	DIRECTOR	JOHNS HOPKINS	HOSPITA	AL		BAI	LTI	TIMORE					
es 1.	E	10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN OF	R LOCAT	TION				10	d. INSIDE CITY
nit. Pages		Maryland na				Balti							LIMITS?
sit permit,	FUNERAL	32 S. Broadway					101	f. ZIP CODE 2123	1		10g. CITIZEI	N OF WHA	T COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit	2	11. MARITAL STATUS	12. WAS DECEDEN			13. W	AS DEC	ENDENT OF NISPAI	NIC ORIGIN?	(Specify Yes	or No — 14	BACE -	American Indian.
	ВУ F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	AR OR DATES		11	yes, sp	ecify Cuban, Mexica 2 NO Specif	in, Puerto Ri			Black, W Specify:	White
15- tendi		15. DECEDENT'S EDUC	yes WW		. DECEDENT'S	USUAL OC	CLIDATIO	ON	105.1	(IND OF BUILD	SINESS/INDUS	Tmv	
2121 al or atte for use	LETED	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of itte. Do NOT u	work done du	uring mo	ost of working	100.	OF BUS	SINCSS/INDUS	INT	
AND 21 the hospital or detached for u	COMPL	17. FATNER'S NAME (First, Middle, Last)											
ORE, MARYI 6 may be retained by ctor, page 5 should be nust be notified at	ш	II. PAINEN S NAME (PISt, MIDDIS, LEST)						18. MOTHER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
	TO B	19s. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRESS	(Street a	and Number or Rural	Route Numbe	r, City or Town	n, State, Zip Co	de)	
		20s. METHOD OF DISPOSITION 1	oval from State		ACE AND DATE y, crematory or o		FION (Na	ame of	DATE	20c. LO	CATION — City	or Town,	State
al din		21. SIGNATURE OF FUNERAL BEHVICE LIC	Ponal	d Wade	e, Dir	22. N	AME AN	ND ADDRESS OF FA	CILITY		1		7
		Sundry All	Mile		18/93	655	ōW.E	Baltimore	Sta St,E	ate Ar Balto,	natomy MD 21:	воа: 20 1	rd
24 hours after of filled in by the tion, or removal, the medical e		23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	LIST DRIY DRA CAU	ise on eech	lina.			da of dying, suc				t,	Approximate Interval Between Onset and Death
760, ad within ompletely if, crema event,					NSEQUENCE O								
OX 68760, e be executed within sician and completely rior to burial, crema traumatic event,	ON	Sequentially list conditions,	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):										
BOX ate be hysician prior t	ERTIFICATION	cause. Enter UNDERLYING				. ,.							ļ
certificate of the principle of the prin	TE	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST											
마을 들을 이	Ä	resulting in deetin) CAST	1										
E Me o	C	PART II. Other aignificent condition	s contributing to	death but n	ot resulting	In the und	erivino	g cause given in	Pert i. :	4a. WAS AN	AUTOPSY	24h WE	RE AUTOPSY FINDINGS
W - 5	EDICAL						,			PERFOR	MED?	CO	AILABLE PRIOR TO IMPLETION OF CAUSE
3 8 9 8 6	MED								_	I TES 2	X NO		DEATH?
e law require has been so Dept. of H									_				
I FAL. I: The law cate has State Dept them 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	eck only one)				
ICIAN: The ertificate the State	Š	1- YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☑	ER/Outpatier	vt 3 □ DOA	OTHER:		e 5 🗆 Residence	6 Other	Specify)			
NG PHYSIC frer this cer eath with th	/ PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF (Month, Da	INJURY ay, Year)	28b. TIM	E OF 2	WO	URY AT INC. 1986.7	28d. DEŞC	RIBE NOW II	NJURY OCCUR	ED	
J 5 4 5 m	ED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE O- building.	F INJURY — A	At home, farm,	street, factor			281. LOCAT City or	ION (Street a Town, State)	and Number or	Rural Route	Number,
OR ATTEN DIRECTOR: hours after item 28 it	ETED	An CERTIFIED							111				
	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSK											
THE HOSPITAL THE FUNERAL flied within 72 i	8	2 MEDICAL EXAMINE	R: On the basis of a	camination end	d/or investigation	n, in my opi	inion, d	leath occured at the	time, data a	nd place, and	d due to the c	Buse(B) an	d manner se stated.
HE HE P	BE	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE NUN	ABER		29d. DATE S	GNED (Mc	onth, Day, Year)
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	<u>p</u>	Monald &	Unight	MD				O.C.	M.E.		0.3	:/04	/1993
		30. NAME AND ADDRESS OF PERSON WHO											
		DR. DONALD WRI 31. DATE FILED (Morith, Day, Year)	32. REGISTRA	R'S SIGNATUR	RE	nn St	tre	et, Bal	Ltimo	re,	Mary]	and	21201
		MAR 20 1993 8	ali Denies	- Randa	ele !								



DHMH-16 Rev 1/89

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.				
	3	1. DECEDENT'S NAME (First, Middle, Last)		ULEWICZ			2. DATE	17-93	Y Y	EAD		
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS.	T DATE	OF BUTTU				
-	- 9	216 28 3365	1 □ M 3650 F 90	YRS.	MONTHS DAY	7	Jan.	Day Year)	.903	Country) Penna	a.	
3 should	- Ø	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF D						
6,	СТОВ	Franklin Square Hospital Rossville Baltimore									e	
ges 1,	JEC.	10a STATE 10b COUNT	altimore	10c. CIT	Y, TOWN OR LO	CATION				10	d. INSIDE CITY	
permit. Pages	DIRE		altimore		Essex					1		
	RAL	10s. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEP			
020. physician. burial-transit	FUNERAL	2611 Bauernschmit	dt Drive 12. WAS DECEDENT EVER II	N II S ADMED	142 WMC P	212						
Q. g a	BY	1 Never Married 20 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 100	If yes,	specify Cuban, Mexic ES NO Speci	an, Puerto f	Rican, etc.)	or No 14			
r attence	回	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16e. DECEDENT'S (Give kind of	WSUAL OCCUPA work done during se retired.)	TION most of working	16b.	KIND OF BUS	INESS/INDUS	TRY		
AND 212- the hospital or att detached for use once.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		ousewife				Baltimore 10d. INSIDE CITY LIMITS? 1 YES 2 M NO 10g. CITIZEN OF WHAT COUNTRY? USA 10d. Green of What Country? USA 10d. RACE - American Indian, Black, White, etc. Specify: White of Constant of Constan			
the hos detach	NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, I	Middle, Malden S		COUNTY OF DEATH COUNTY OF DEATH COUNTY OF DEATH COUNTY? 10d. INSIDE CITY LIMITS? 1 YES 2 M NO CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, Whita, etc. Specify: White SINDUSTRY OME The county of Town, State River, Maryland PA MOTE Md. 21221 N — City or Town, State River, Maryland PA MOTE Md. 21221 Approximate interval Between Onset and Death estive PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PROR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO COCCURED TOCCURED The county of Pural Route Number, Stated.		
Z 2 2 E	ш		Stankewicz			Eli	zabet	h	?			
, MARYLAND be retained by the hospit ge 5 should be detached e notified at once.	TO B	191. INFORMANT'S NAME (Typo/Print) Stanley M. Domule:		196. MAILING 261	ADDRESS (SIDE L Bauer)	nschmidt	Route Numb	e Balti	, State, Zip Co	Md.	21221	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		20e, METHOD OF DISPOSITION A Burlel 2 Gremation 3 Ren 4 Donation 6 Other (Specify)	or Town,	Maryland								
ALTIN death. Pag s funeral dir f. examiner		21. SIGNATURE OF FUNERAL SERVICE S	CERSEE			AND ADDRESS OF F		owel E	Ioma D	A		
BAI the fur wal.	_	July /	may p		7/	107 Easte	rn Av	e. Bal	timore	Me	d. 21221	
24 hours filled in the sion, or rer the media		22 PART I. Enter the diseases or shock, or heart feilure. MMEDIATE CAUSE (Final disease or condition	this one ceuse on e	each line.							intarvai Between	
3760, fitted within 24 recompletely fille ial, cremation, sevent, the		resulting in death)	DUE TO JOR AS	Caratal A CONSEQUENCE O	Thtare:	cion seco	naary	to co	ngest	ive		
cecuted within and completely o burial, cremat matter event,	Z	Sequentially list conditions,	⊾ heart failu	ıre								
3OX 68 tte be execute ysician and coprior to burian traumatte	CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE O	F):							
B P P P	FIC	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS /	A CONSEQUENCE O	F):							
, P.O. eath certi	FR	resulting in death) LAST	d									
		PART II. Other aignificent condition	ns contributing to death t	out not resulting	in the underly	ing cause given in	Part i	24a WAS AN A	MITTOPSY	245 WE	DE ALITORSY EINDINGS	
T ~ 5 5 - 1	MEDICAL							PERFORI	MED?	AM CO	ARLABLE PRIOR TO IMPLETION OF CAUSE	
4 S E E	ME							1 1 163 2	X			
I REC law requires has been sign bept, of Healt 23 shows							_					
OF VITAL HYSICIAN: The law his certificate has with the State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C/	heck only on	•)				
PHYSICIAN: The this certificate his viith the State Director or Item	14S	1 YES 2 NO	1 X Inpetient 2 □ ER/Outs 26s. DATE OF INJURY	patient 3 DOA	4 - Nursing H	ome 5 Residence	T .					
	BY P	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M 1	NJURY AT NORK? YES 2 NO	200. DES	CHIBE HOW IN	JURY OCCUR	ED		
TS TTEN	COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, cify)	street, factory, of	fics	28t. LOCA	ATION (Street ar or Town, State)	nd Number or	Rumi Route	a Number,	
DIV AL OR A AL DIREC 72 hours It Item	AP.		BICIAN: To the best of my know									
HOSPIT UNER Within	S	2 MEDICAL EXAMIN		n end/or investigation	on, in my opinion	, death occured at the	time, date	and place, and	due to the c	nuse(s) an	d manner as stated.	
TO THE HOSPITAL (TO THE FUNERAL D be filed within 72 hr	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	1. Ostera MO	Odera MO 290. LICENSE NUMBER					PER 29d. DATE SIGNED (Month, Day, Year)			
	-	Dr. Louis Ortega	900ú Frankl			Raltimore	MA	21227				
_ \		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		C D1. L	AT CHILD E	, ma.	7177/				
		MAR 1 0 1003	Lulia Navidro	-Randell's								

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FOR

	1 - STATE REGISTRAR	SIAIE UF I	WARTLAN	CERTIF						YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las JACK	°C.		DAVIS					2. DATE OF D MONTH	EATH DA	199	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER		IF UNDER		7 DATE OF B	BTH	199	S. BIRTH	PLACE (State or Foreign
	232-32-6452	1½ M 2 □ F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	25	23	PEN	NSYLVANIA
OR	90. FACILITY NAME (# not institution, give 1109 ANGLE		-	BALTIMORE 9c. COUNTY OF DEATH									
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c. CIT	10c, CITY, TOWN OR LOCATION 10d INSIDE CITY								
DIRECTOR	MARYLAND	_		10.00			10RE						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101	ZIP CODE	E			10g. CITI	ZEN OF V	MAT COUNTRY?
띮	1109 ANGLESEA	STREET					212	24			U	.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMEO	13.	WAS DEC	ENDENT C	F HISPANI	C ORIGIN? (Sp	ecify Yes	or No-	14. RACE	E — American Indian, k, Whife, etc.
≥ 3 Wildowed & Divorced IF YES, GIVE WAR OR OATES 1 YES 2X NO Specify: Specify:								Hy:					
	15. DECEDENT'S ED		16	e. DECEDENT'S	USUAL O	CCUPATIO	ON.		16b, KINI	OF BUS	INESS/IND		HITE
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of a life. Do NOT us	se retired.)			פר					
를	12	0		SUP	ERV:	ISO	λ			LOCA	AL G	OVE	RNMENT
	17. FATHER'S NAME (First, Middle, Last)	2							IE (First, Middle				
BE	EDWARD HACKES 190. INFORMANT'S NAME (Type/Print)		OF .	T 10h MAII INC	ADDRESS	(0)		ORAI	Oute Number, Ci		ACKE		
임	IRENE M. DAV	[S											D. 21224
	20s. METHOD OF DISPOSITION 2 Burlet 2 Committee 3 Re		20b. PL	ACEANDDATE	OF DISPOS	ITION /Na	me of		OATE		ATION —		
	4 Donation 5 Out (Specify)	11 1	CEI	JAR"HI	ther place)	CEMI	ETER	Y	3/22	BI	ROOK	LYN	PARK, MD.
	21. SIGNATURE OF EMPERAL SERVICE I	JCEHSTE C	sufo	non				SS OF FACI	ILITY FINK I	TITATI	3D 7 T	1101	VII 21061
	1		U		[4:	26 C	CRAI	N HW	YY.S.V	V.GI	EN :	BURI	ME 21061 NIE,MD.
	23. PART I. Enter the diseases, or shock, or heart failure	complications the	t caused th	e death. Do r	not enter	the mod	de of dyl	ng, such	es cardiec	or reepir	atory em	est,	Approximate Interval Batween
III/dival										Onset and Deeth			
	resulting in death)	A		INSEQUENCE OF									
z		b.			,								i
RTIFICATION	Sequentially list conditiona, if any, leading to immediate		(OR AS A CO	NSEQUENCE O	F):								
2	Cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO	(OR AS A CO	NSEQUENCE OF	Б.								
	that initiated events resulting in death) LAST	4	(011 20 2 00	MOLGOENCE OF	7.								İ
빙	PART II. Other eignificent condition	o.	double hour			4 4 1						_	
₽ S	TANT II. Other eignincent condition	ms contributing to	desin but i	not resulting	in the un	derlying	csuse g	iven in P		WAS AN A		24b.	WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED								_		YES 2			OF OEATH?
									- I	NQU.	IRY		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001111					ACE OF D	EATH (Chec	k only one)				N/A
ž l	1 XYES 2 NO	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER	t: ing Home	5 🗆 Re	sidence 8	☐ Other (Spe	cify)			
핕	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJU	RK?		28d. DESCRIB	E HOW IN	JURY OCC	URED	
à l	2 Accident Investigation	28e PLACE O	F INJURY — A	Af home, ferm, a	M fact		ES 2 [281. LOCATION	1.00	-146.14	0 10	
	4 Homicide 8 Could not be determined	building,	etc. (Specify)	ar rome, remi, r	1000	ory, ornice			City or Tow		na Number	or Hurai H	oute Number,
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledg	e, death occurre	d at the ti	me deta	and place	and due to	the course(s)	and man		4	
OM) end manner as atated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFI		1 .					NSE NUMB					(Month, Day, Year)
2	Wonsld &	Wrigh	+MI				0.	C.M.	. E		▶03	-18	-1993
	30. NAME AND ADDRESS OF PERSON W			(ITEM 27) (Type,	Print) enn	St	reet	, Ва	altim	ore	, Ma	ryl	and 21201
	31. DATE FILED (MONTH), Day, Year)	IGHT MD		RE				_				-4	
- 10	711	444	and the second	- Tranda									

DHMH-18 Rev 1/89

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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WITHIN 24 HOURS ATTEL DEATH. Page to may be retained by the hospital or washading phy	use	
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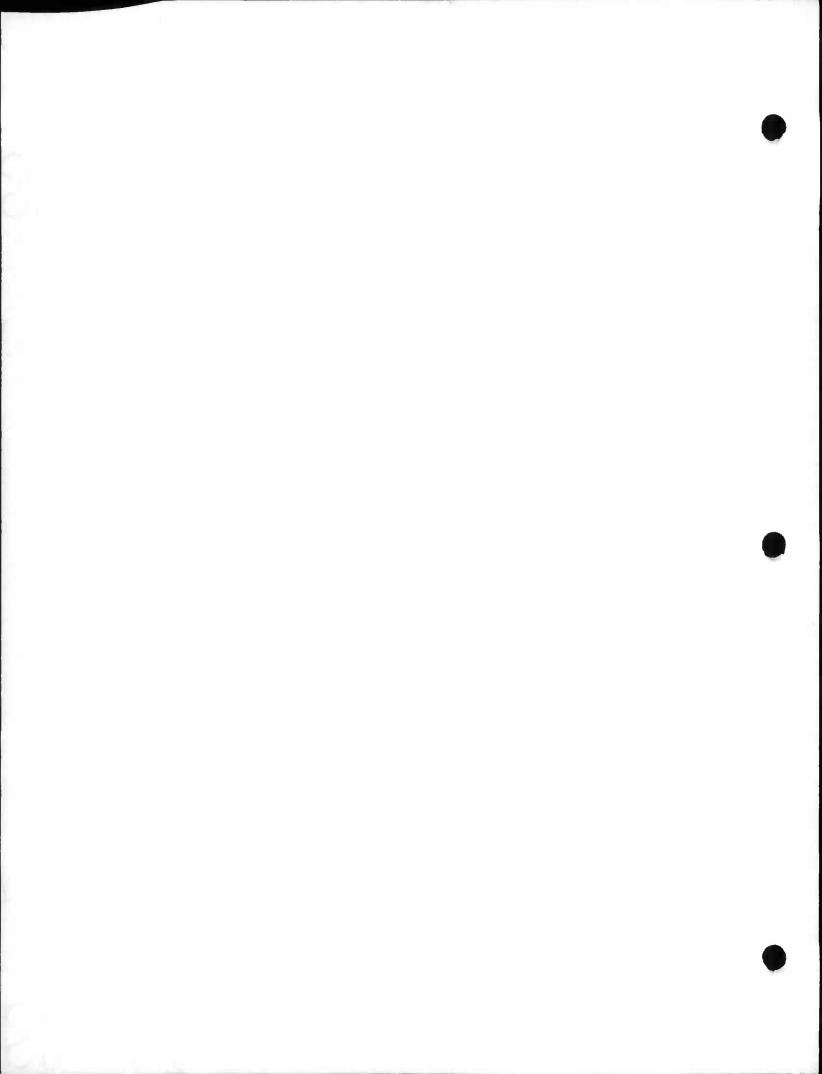
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

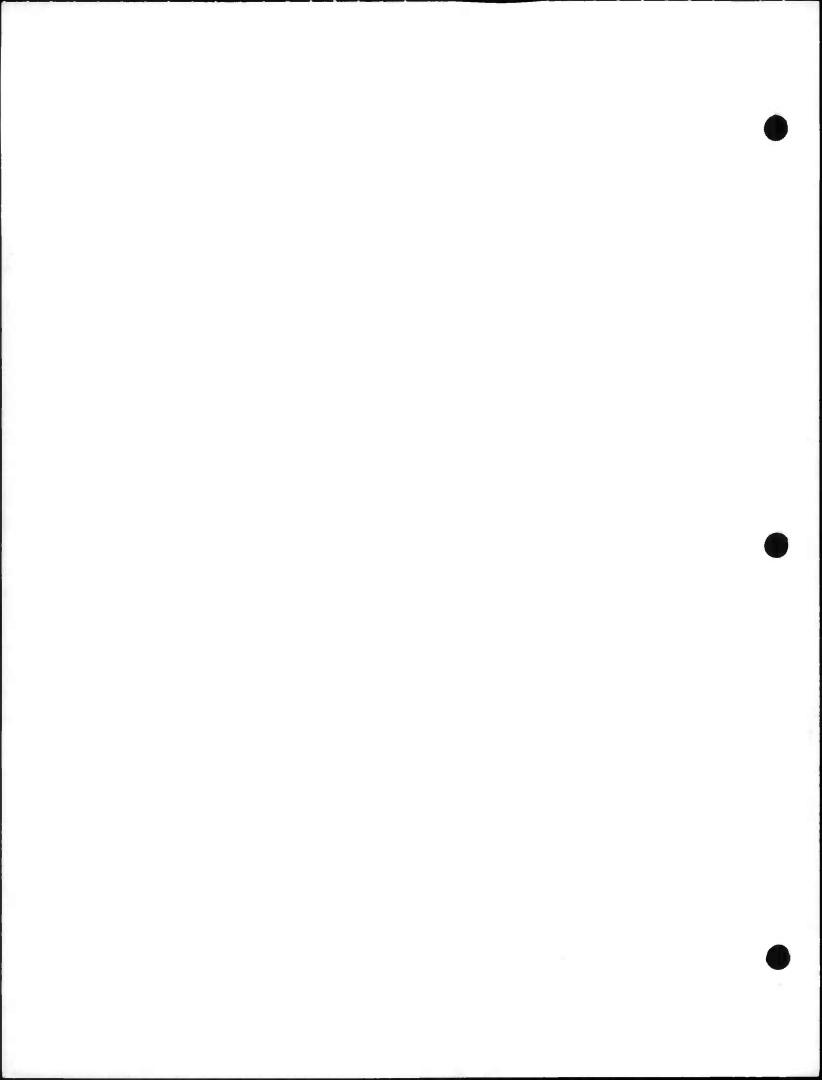
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIEN		0 1 0 1 4			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Marie M. Dru					March 15,	M				
	4. SOCIAL SECURITY NUMBER 215-09-6368	5. SEX 6. AGE	(In yrs. last birthday) 76 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Wear) July10,19	Co	orthplace (State or Foreign Unitry) Maryland			
JR.	9a. FACILITY NAME (If not institution, give 6625 Kenwoo			9b. CITY, TOWN	Baltimo						
یظ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT										
DIRECTOR	Md.	Baltimore	10c. CITY	, TOWN OR LOCAT	Baltimo	re		10d, INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 6625 Kenwood	Ave.		101	2123	10g. CITIZEN OF WHAT COUNTRY? USA					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES				IC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	8	14. RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working											
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	life. Do NOT us	ice Work							
BE CON	17. FATHER'S NAME (First, Middle, Last) William Gra	Y	18. MOTHER'S NAI	ME (First, Middle, Maiden Marie	Sumame) Roeder						
10	19a. INFORMANT'S NAME (Type/Print) Edward Drumgoole 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6625 Kenwood Ave. Baltimore Md. 21237										
	20s. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of company of the Company										
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1 /		D ADDRESS OF FAC		21.	01001			
	Connelly F	unital 1	lome		_	calHome 300		e. 21221			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hearly failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) AMOUNT OF THE MAN CONTROL OF										
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cancer of the cooping as Consequence of: Due to (or as a consequence of: Due to (or as a consequence of: Due to (or as a consequence of: Due to (or as a consequence of: Due to (or as a consequence of:										
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):		1	Jung J				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
AL C	PART II. Other significant condition	na contributing to death b	ut not resulting in	n the underlying	cause given in	Part i. 24a. WAS AN	AUTOPSY	4b. WERE AUTOPSY FINDINGS			
MEDICA					8	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
						-		1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ick only one)					
IYSI	1 YES 2 NO	1 Inpetient 2 ER/Outp			e 5 Residence						
ву Рь	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	JRY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, s	treet, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,			
COMPLETED		FYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. CAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	29b. BIGNATURE AND TITLE OF CENTIME	4	000	mo	29c. LICENSE NUM			ED (Montel, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	0 N. W.	AIFE CT	- na	TITOMA			
	31. DATE FILED (Month, Day, Year) MAR 1 9 19	32. REGISTRAR'S SIGN	ATURE Parydal		J WI W	4631		ردران			
	70 13	10									



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BALTIMORE, MARYLA	NICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the
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FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. NO.				
	5	1. DECEDENT'S NAME (First, Middle, Last)	xm				2. DATE OF DEATH MONTH DA	199 199	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign		
2		215-10-5563	1 N 2 F	92 YRS.	MONTHS DAY	/S HOURS MIN.	(Month, Day, Year) 06/04/00	C	aryland		
shou	~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
Pages 1, 2, 3 should	DIRECTOR	St. Agnes Hospit			Balt	imore		<u> </u>			
Sage	H	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Arbutus									
			nore	AI	butus				LIMITS?		
· 4	PA	10e. STREET AND NUMBER	_			10f. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?		
× s/8	FUNERAL	920 Courtney Roa				21227		USA			
8 1		1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	5 2 X NO	If yes	, specify Cuban, Mexice		or No — 14. R	IACE — American Indian, Black, White, atc.		
and Blue to	BĄ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	ATES 1 ☐ YES 2 NO Specify: Specify: White						
MARYLAND 21215-0020 retained by the hospital or attending proves 5 should be detached for use as the burns notified at once.	<u>B</u>	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							
	E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u							
N N N N N N N N N N N N N N N N N N N	COMPL	8		Welder			Manufa	acturin	g		
LAN the hose	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	/			
RYL ed by	8	19s. INFORMANT'S NAME (Type/Print)	lliam G. Du				Sarah	R. War	field		
MARYLAND retained by the hospital 5 should be detached notified at once.	임			doute Number, City or Town, State, Zip Code)							
		Della Durham 2043 METHOD OF DISPOSITION			_		altimore, N				
6 mg ctor, trust		1 Donation 5 Other (Specify)	oval from Stata C6	b. PLACE AND DATE	ther plece)			CATION — City o			
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC		oudon Par		E AND ADDRESS OF FA			Maryland		
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		(1) 0=1		- Va.			Ambrose Spring Rd.		al Home, Inc.		
B, rs after n by the removal.	\vdash	23. PABY I. Enter the diseases, or o	omplications that cause	ad the death. Do							
- E - E	1 1	anock, or neert tellure.	ist only one ceuse on	eech line.	iot airtai the	moda oi dying, suci	n as cardiac or respi	ratory arrest,	Approximata interval Between		
24 fille tion, the		IMMEDIATE CAUSE (Fine) disease or condition									
ted within 24 completely fille completely fille sevent; the		reaulting in death)	OUE TO (OR AS	A CONSEQUENCE O	F):						
executed within and completely o burial, crema	z	A STATE OF THE STA	Ama	film	ehou						
OX 68 e be execut sician and c rior to burit traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F): (A	(Tax	10 - 11				
BOX ficate be physician ne prior t	2	CAUSE (Disease or injury	(AM)	10 lat de	plala	2 (721	Hemic))			
	IË∥	that initiated events resulting in death) LAST	0 -	A CONSEQUENCE OF	F): 	the m	LAND				
O # F	빙		L G III	301-109	141.0	tolog in	300,00				
D a a s i	1 11	PART II. Other significant condition	contributing to death	but not resulting	in the underly	ying cause given in	Part I. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS		
OR S that ned by lifth any	EDICAL	thup mas	, 60?	7			1 YES 2		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
T SET S	ME		`						1 TES 2 NO		
ALR e taw re has bee Dept. o	ä										
VITAL IAN: The lav tificate has e State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Che	ock only one)				
F VIT. SICIAN: The certificate the State	IXS	1 VES 2 NO	1 Inpatient 2 ER/Ou		4 - Nursing I	fome 5 🗆 Residence					
NG PHYSIC fler this cer eath with the	ву рн	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED			
DIVISION OF VITA DRATENDING PHYSICIAN: The DIRECTOR: After this certificate ha hours after death with the State Item 18 is marked, or item		3 Suicide S Could not be 4 Hornicide determined	28e. PLACE OF INJUR building, etc. (Sp	ty — At home, farm, secify)	street, factory, o	ffice	28t. LOCATION (Street a City or Town, State)	nd Number or Rui	rel Route Number,		
DIVI DIRECT DIRECT HOURS	9	29a. CERTIFIER 1 CERTIFYING PHYSIC	NAME TO BE A SECOND								
	COMPLETED		CIAN: To the best of my kno R: On the basis of examinati						se(s) and manner as stated.		
to the Hospital to the Funeral de filed within 72 Important: If	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	alas Q.			29c. LICENSE NUM	BER DELL	29d. OATE SIGN	NEO (Month, Day, Year)		
5 5 8 %	TO	her den	▶ 3	16 193							
<		30. NAME AND ADDRESS OF PERSON WHO	or Of	FA GN C		PITAL	BLT	MD			
		31. DATE FILED (Month, Day, Year) MAR 1 9 1993	32. REGISTRAR'S SIG								
		MAR 1 9 1993	guna lavid	4年70年次是	B)						



DIVISION OF VITAL RECORD	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	after death with the State Dept. of Health and M	IMPORTANT: If Item 28 is marked, or Item 23 shows any inju
Ω	TO THE HOSPITAL OF	TO THE FUNERAL DIF	be filed within 72 hou	IMPORTANT: If Ite
1	1		-	

	FOR	STATE OF MARYLA	AND / DEPAR	RTMEN'	T OF H	IFAITH AND	MENTAL HYGIF	NE	93 073	37
	1 - STATE REGISTRAR					DEATH	REG. N			
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH		3. TIME OF OEATH	
	Deibel Aug	ust a.K.A.	August	W. I	Deib	el	MONTH 3	7 9	YEAR 9	a M
			n yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign	
	-10 - 1.00	M 2 □ F	75 YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)		Country) Maryland	3"
OR	9a. FACILITY NAME (If not institution, give street NA	EATH		of OEATH						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY									
DIRECTOR	MD Bal	10d. INSIDE CITY LIMITS? 1 XYES 2 NO	0							
FUNERAL	100. STREET AND NUMBER 2803 Gamle	EN OF WHAT COUNTRY?								
13		2. WAS DECEDENT EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify	Yes or No-	4. RACE - American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced								Black, White, atc. Specify: White	
8	15. DECEOENT'S EDUCAT		16a. OECEDENT'S	USUAL O	CCUPATIO	ON	16b, KIND OF I	SUSINESS/INDU		
UNCE. COMPLET	(Specify only highest grade co.	College (1-4 or 5+)	(Give kind of life. Do NOT u	se retired.)						
링불	8		Station	ary 1	Engl	neer	Schoo	1		
티용	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)		
E W	Louis Deibel					Bessie				
TO B	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRES	S (Street a	and Number or Rural	Route Number, City or 1	own, State, Zip (Code)	
2 5	Gertrude M. Deibel	140	2803	Ganle	ey D	rive, Ba	ltimore,	MD 21:	230	
TO BE COM	20a, METHOD OF DISPOSITION	20b.	PLACE AND DATE	OF DISPOS	SITION (Na	rme of			ty or Town, Sfata	_
	1 X Burial 2 Cremation 3 Remove	from State	edar Hil	ther place)	mete	277	3/20 Br	ook lyn	Park, Maryl	and
	21. SIGNATURE OF FLINERAL SERVICE LICEN		uar IIII	22.	NAME AN	D AODRESS OF FA	CILITY Ambros	e Funo	ral Homo of	anc
	4/0-			L	ansd	owne 271	9 Hammond	s Ferr	ral Home of	
	Text	7 (32.			owne, MD			•	
	23. PART I. Enter the diseeses, or cor	nplications that caused	the death. Do					piretory arre	et, Approximate	0
	shock, or heart failure. Lis	t only one cause on ea	ch line.						Interval Bety Onset and D	
	IMMEDIATE CAUSE (Final disease or condition	1	•							
É	resulting in desth) a.	LUNG C	-ancer						Zyear	5
6		DUE TO (OR AS A	CONSEQUENCE O	F):						
	Sequentially list conditions, b.									
CERTIFICATION	If any, leeding to immediate	OUE TO (OR AS A	CONSEQUENCE O	F):						
3	CAUSE (Disease or injury									
	that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):						
5 I E	resulting in death) LAST									
5 .	PART II Other algorithment conditions	and the standard and the								
MEDICAL	PART II. Other algnificant conditions	contributing to death be	or nor readiting	in the u	ndertying	g cause given in	Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO	
	Emphysema						1 YES	2 NO	OF DEATH?	JSE
N N							_ 1 _ 7	/ -	1 YES 2 NO	,
5 5										
NA I	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (Ch	ack paly one)			
PHYSICIAN		IOSPITAL:		OTHE	R:					
5 ₹	27. MANNER OF DEATH						6 Other (Specify)			
To Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO									REO	
TED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm,	atrast, fac	tory, office	•	28t. LOCATION (Stre- City or Town, Sta	et and Number o	r Rural Route Number,	
ETE	4 Homicide detarmined									
D BE COMPLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	edga, daath occurr	ed at the f	lime, dets	and place, and due	to the cause(s) and n	anner sa stete	1	
COMPL									cause(s) and manner as state	ed.
§ 8				, ,	, , , , ,					· · ·
E E	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	MBER		SIGNED (Month, Day, Year)	
0	and 5	lean 1	S					3	17/93	
1 1-	30, NAME AND ADDRESS OF PERSON WHO C	OMDI ETEO CALIDE OF OCA	THE OWNERS OF A	Charles						_

MPLETEO CAUSE ...

- I to MD.

32. REGISTRAR'S SIGNATURE

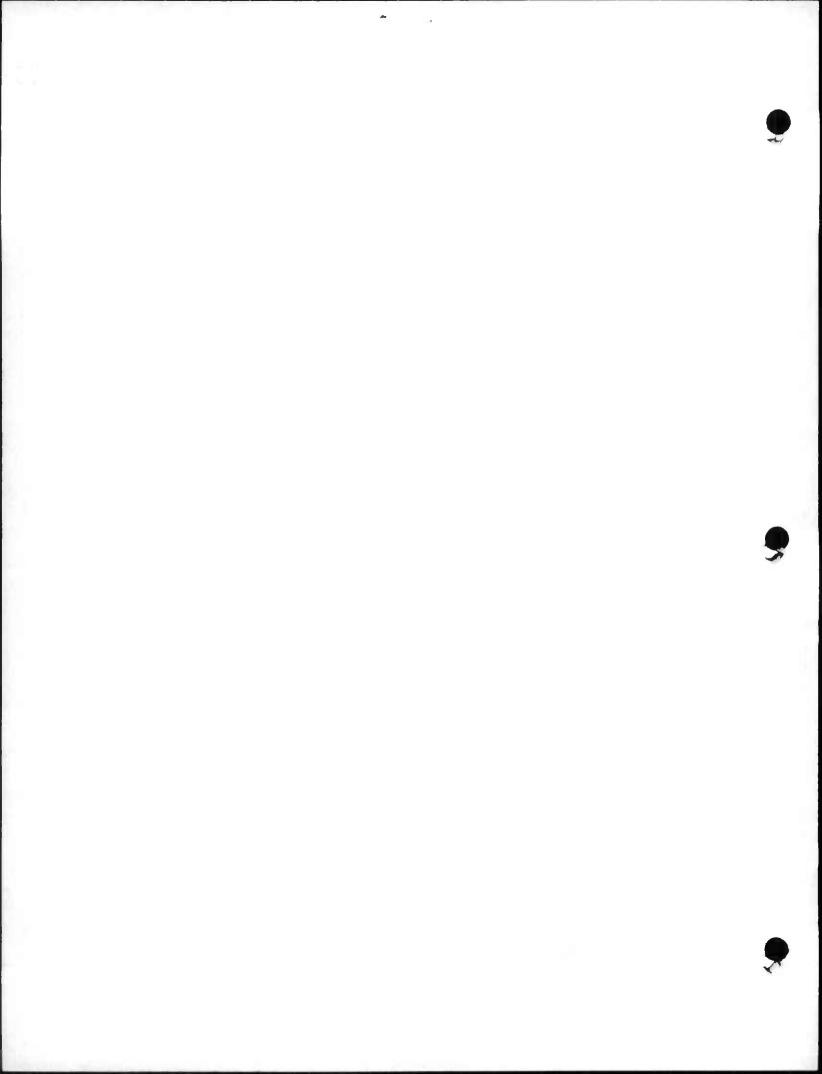
Suita Suitan Agriculture

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

UMMS

Belto MD.

31. DATE FILED (MONT). Day, Year)
MAR 1.9 1993



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH \bigcirc м 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign M 2 D F . HOURS YRS Ukraine Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban DIRECTOR Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 100 STATE Maryland Montgomery 10c. CITY, TOWN OR LOCATION ROCKVILLE 10d. INSIDE CITY 1 X YES 2 NO by the funeral director, page 5 should be detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 245 Rollins Ave. 20852 Ukraine THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, 1 YES 2 XXO Specify: 1 Never Married 2 Married IF YES. GIVE WAR OR DATES В Commicasian 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high Elementary/Secondary (0-12) 5+college Tetge Physician Surgery once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ₹ Gersh Dobrovicky BE Zisl Rezonsky notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Elisaveta Dobrovicky Same address as #10 be 20a, METHOD OF DISPOSITION
1 Description | Method | Burlan | 2 December | Communication | 3 December | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communication | Communi 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Must Judean Memorial Gds. 4 Donation 5 Other (Specify) 2-16 Olney, Maryland examiner 21. SIGNATURE OF PHNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Falls Church, Va. 22046 medicai 23. PART Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate lock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** event, the disease or condition_ anon resulting in death) Cardiovascular Disease attending physician and con intal Hygiene prior to bunal, other traumatic CERTIFICATION Sequentisity list conditions, DUE if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury QUE that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 | YES 2 | NO has been so the Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) item! OTHER: TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural ВУ 1 YES death 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after di 90 COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the b tigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CER BE 3 93 60 2 3 2

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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e law	Dept	23
N. Th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ltem Tem
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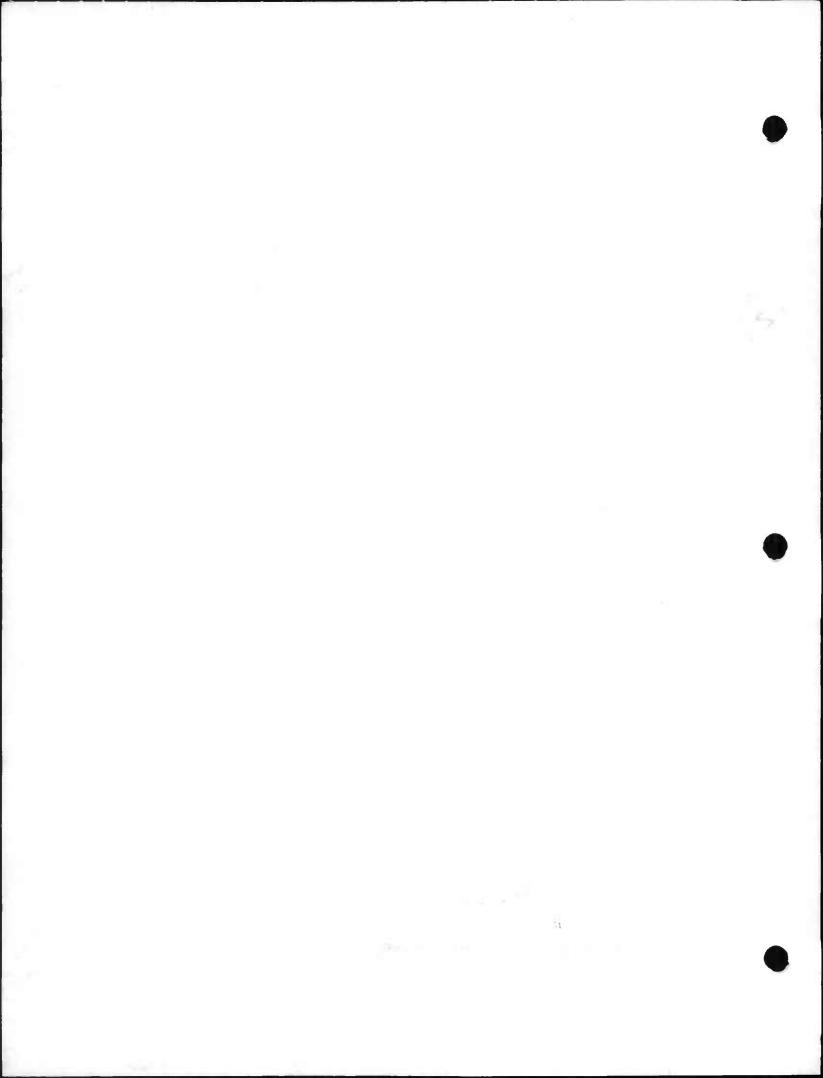
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAI	RTMENT	OF H	EALTH	AND	MENTAL	HYGIEN)) (11310
	1. DECEDENT'S NAME (First, Middle, Las	" EMILY	ANNE	EMME						OF OEATH		3.	TIME OF DEATH
	Emily	M. Emmer		TOTAL T	11/1				MONTH	3/ 16	/93	YEAR	1:15 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	SEX 6. AGE (In yrs. last bi			FUNDER 1 YEAR IF UNDER 24 HRS.			7. DATE (OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	179 40 2209	1 □ M 2 🄀 F	91	YRS.	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 7-3-01					. 1	Country) Pen	nsylvania	
_	9a. FACILITY NAME (If not institution, give WICOMICO NURS	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COU						9c. COUN	TY OF DEAT	
6	RESIDENCE STORE MANS					Sal	isbu	ry			Wi	comic)
DIRECTOR	100 STATE 100 COUNTY										d. INSIDE CITY		
띪	Maryland Wic			Sali								LIMITS?	
	10a. STREET AND NUMBER			Dull	_	ZIP CODE	E			10g. CITI		T COUNTRY?	
ER.	900 Booth Street	Wicomi	co Nurs	Hm			218	301					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. Y	WAS DECI	ENDENT O	F HISPAI	NIC ORIGIN	(Specify Ye		USA 14. RACE -	American Indien,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		NO			city Cuba 2 NO		in, Puerto R y:	ican, etc.)		BIRCK, W	nite, etc.
		l n										Specify: Whi	te
	15. DECEOENT'S ED (Specify only highest grad	de completed)	(6	ECEDENT'S Sive kind of a. Do NOT u	Work done d	CUPATIO uring mos	IN st of workin	g	16b.	KIND OF BU			
1 2	Elementary/Secondery (0-12)	College (1-4 or 5 +	-)		o romou.					НС	mema	ker/Ho	usewife
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-		_			16. MOTH	IFR'S NA	ME (First M	iddle, Meiden	Sumama)		
ш	Ebenezer Mack	ey							Velsh		Surremej		
B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street ar	nd Number	or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)	
임	Lillian Bachtle	er								y, MD			
20e. METHOD OF DISPOSITION Buriel 2 Cremation 3 Removel from State A M Donation 5 Other (Specify) 21. SIGNATIME OF FUNERAL SERVICE UCENSEE Ronald Wade, Dir 3/18/93 655W.Baltimore St, Balto, MD 21201									City or Town,	State			
									i				
									rd				
	(MIM ///	1 like		18/9									1
	23. PART i. Enter the diseases, or shock, or heart fellure	complications the	caused the de	eeth. Dp (not enter t	the mod	de of dyl	ng, suc	h es cerdi	ac or reap	ratory arre	est,	Approximate
											Intervel Between Onset and Death		
	resulting In death) ————————————————————————————————————												
_	Due to (OR AS A CONSEQUENCE OF): Sequentially list conditions Arteriosclerotic Vascular Disease												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. Arte	riosclei (or as a conse	COTIC OUENCE O	Vaso	cula	r Di	seas	5 0				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Age											
뜯	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):								
Ä	readiling in death CAST	d											
CAL	PART II. Other significent condition	one contributing to	death but not i	reaulting	In the und	lerlying	cause g	iven in	Part i.	24e. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
2										PERFOR		AVA	MPLETION OF CAUSE
MEDI								_		1 YES 2	⊔ MU		DEATH? YES 2 NO
z									_			1	_ 1E3 2 _ NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL					ACE OF DE	EATH (Che	eck only one,)			
PHYSICIAN:	1 TES 2 THO	1 Inpatient 2	ER/Outpetient 3	□ DOA	OTHER:		5 🗆 Rat	sidenca	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIM INJ	E OF 2	28c. INJU WOF	RK7		28d. DE\$0	RIBE HOW I	NJURY OCC	URED	
B	2 Accident Investigation	200 01 405 01	T thi stient		М		ES 2 _	NO					
	3 Suicide 8 Could not be 4 Homicide determined	building,	FINJURY — At ho etc. (Specify)	me, tarm, a	itreat, factor	ry, offica			28f. LOCAT	TOWN, State)	and Number (or Rural Route	Number,
9	29a. CERTIFIER								_		-		
COMPLETED	(Check only one) 1 CERTIFYING PHYS												d manner ae stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	ER	4			Т	29c. LICE	NSE NUN	IBER		29d. DATE	SIGNED (Mo	nth, Day, Year)
TO B	10/10	11111	20)				DO	2026	5			03/16	
=	30. NAME AND ADDRESS OF PERSON W					D.	12	NA-7	210	1 7	-		
	F.G. Arthes		2 A OCES	arı Pi	nes,	Der	ıın,	Mar	. 210	т.т			
	MAR 20 1993	4											
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TEN	TOR.
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use tied within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burifal, cremation, or removal.

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	1120.011.011	_			OLIMIN	IOAII	- 01	DEA	111		IEG. NO.			
1	1. DECEDENT'S NAME (First,									2. DATE OF MONTH	DEATH	NY .	YEAR 3	. TIME OF DEATH
	ETHEL M. F		ζ				_			03 .	16 0	13		2:10 am M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (in yrs	s. last birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, De	BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
	215-05-283	5	1 🗌 M 2 💢 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	APRIL		1911	.,	RYLAND
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE				TY OF DEA	
OR I	MERIDAN NUF	SING H	HOME			BALTIMORE								
5	RESIDENCE OF DEC													
DIRECTOR		10b. COUNTY			100	CITY, TOWN OR LOCATION							16	Dd. INSIDE CITY LIMITS?
	MARYLAND	BA	LTIMORE			ARBUT	rus				1[YES 2 NO
₹.	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN OF WHAT			AT COUNTRY?
FUNERAL	4209 FORDH	AM ROA						21	1229				U.S.A	
ᆵ	11. MARITAL STATUS 1 XNever Married 2		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED XNO	13.	WAS DEC	CENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE -	- American Indian, Vhite, etc.
BY	3 Widowed 4 Divo	111-	IF YES, GIVE V			If yes, specify Cuben, Mexican, Puerto Rican, etc. 1 YES 2 NO Specify:				14, 414.)			WHITE	
	15 050	EDENT'S EDUC	PATION	140-	250525	1								WILLIE
COMPLETED	(Specify only	highest grade	completed)		(Give kind of His. Do NOT u	work done	during me	ON ost of workin	ng	16b. KII	O OF BUS	INESS/IND	USTRY	
7	Elementary/Secondary (8	-12)	College (1-4 or 5	+)										
N N	H/S GRAD 17. FATHER'S NAME (First, M.	Iridia (nat)			SECRI	TAKY	<u>(</u>	I and the same				1ASON		
	EDWARD H.		D							ME (First, Midd		Sumame)		
BE	19a. INFORMANT'S NAME (A		K	_						RIFFI				
유	THOMAS C.	.,	D							Noute Number,				
- 1					CEANDDATE		_		-AKI	BUTUS,	v		City or Town	
H	20a. METHOD OF DISPOSITI 1 Burlai 2 X Crematio 4 Donation 6 Other	n 3 🗆 Remo	ovel from State		Ko"CKI			arne qr		DATE		LTIMO		, State
	21. SIGNATURE OF JUNERAL		ENSEE /		7			ND ADDRE	SS OF FAC	CILITY	DAI	11110	KE	
1	HUBBARD FUNERAL HOME INC.													
-	1 / vurge		Deta	7	1	4.	107	WILKI	ENS A	AVENUE	-BAL	TIMOR	RE, MI	21229
	23. PART I. Enter the di shock, or he	seases, or c part failure. I	omplications the List only one cau	t caused the use on each	line.	not enter	the mo	de of dy	ing, suct	as cardiac	or respi	ratory arm	eat,	Approximsta Interval Between
	IMMEDIATE CAUSE (Fin													Onset and Death
	disease or condition	→ ,	Myocard											
			Arterio	OR AS A COM	Otic C	n: ardi	Otras	cula	r Die	SEASE				
S	Sequentially list conditi	ons,	X	(OR AS A CON			o v ac	Culu	L D1.	SCUSC				
Ā	If any, leading to immediate. Enter UNDERLY		Multi-											
유	CAUSE (Disease or Inju		<u> </u>	(DR AS A COA										
CERTIFICATION	resulting in death) LAS													
빙			·											
EDICAL	PART II. Other significa	nt condition:	s contributing to	death but n	ot resulting	In the ur	nderlyin	g cause g	given in i	Part I. 24	PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
8										_ 10	YES 2	₽ NO	C	OMPLETION OF CAUSE F DEATH?
¥.													1	☐ YES 2 ☐ NO
3	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Che	ick only one)				
YSI	1 TYES 2 NO		1 Inpetiant 2	ER/Outpatien	R 3 🗆 DOA			10 5 🗆 Re	sidence	6 🗆 Other (Sp	ectly)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5	Beadles	28a. DATE DF (Month, D		28b. TIN	E OF IURY		URY AT		28d. DEŞCRI	BE HOW IP	JURY OCC	CURED	
B		Pending nvestigation				М		YES 2	NO					
		Could not be letermined	28e. PLACE O building,	F INJURY — A etc. (Specify)	t home, farm,	street, fact	ary, offic	:0		281. LOCATIO	N (Street a	nd Number	or Rural Rou	te Number,
COMPLETED		perarmined									and Shirt			
<u> </u>	29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge	, death occurr	ed at the t	lme, data	and place	, and due	to the cause(s) and man	ner as state	ed.	
8 ∥														nd manner as stated.
	ATTT BUNGETURNER ACE	OF CENTRES	al .		. 101	,		29c. LICE	INSE NUM	BER.	T	29d. DATE	SIGNED (M	Ionth, Day, Year)
BE	Aton of	Vm	MA	Attend:		200	ian)	- D	1416	0			/17/9:	
2	30. NAME AND ADDRESS OF													
	DR. HARJIT	SING	- 5410 -	A RIT	CHIE E	HIGHV	IAY ·	- BAI	LTIMO	DRE, M	ARYLA	AND	21225	_ [
	31. DATE FILED (Month, Day, MAR 1	() 100°	32. REGISTRA	RIG SIGNATUR	E Panda									
1	MAK	J 1993	1 ma	PARTICION,	-Nostro	-								



BALTIMORE, MARYLAND 21

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any man and Mental Horiene order to build. certaining or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The law requires that the death certificate be e	tte has been signed by the attending physician are Dent of Health and Mental Hydiene prior to	em 23 shows any injury, or other traun
TO THE HOSPITAL OR ATTENDING PHYSICIAN;	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire author 27 hours after death with the State Dent of Health and Mental Hydiens prior to build cremation, or removal	IMPORTANT: If Item 28 Is marked, or It

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	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF			YGIENE EG. NO.	93	0/380
Comp.	1. DECEDENT'S NAME (First, Middle, Last) SHIRLEY V.	EVANS				2. DATE OF I	DEATH DAY	93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER / 220-05-3851	1 🗆 M 2 💢 F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Da May 8	y, Year)	Country	YLAND
TOR	9a. FACILITY NAME (If not institution, give sti MERIDIAN NURSIN RESIDENCE OF DECEDENT			GLEN I	SURNIE	DEATH	9c. C	ANNE	ARUNDEL
DIRECTOR	10a. STATE 10b. COUNTY	E ARUNDEL		LINTHICU					10d. INSIDE CITY LIMITS? 1 YES 2X NO
FUNERAL	327 ARDMORE ROAD				21090			U.S.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 XNO	If yes, s	CENDENT OF HISP pecify Cuban, Maxi S 2 NO Spec	can, Puarto Rica		- 14. RACE Black, Specify	- American Indian, Whita, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN		16a. DECEDENT'S (Give kind of life. Do NOT u		ION post of working		AL #106	INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) HENRY AUGUST SOHL		SEAMS	IKESS	18. MOTHER'S NETTI	IAME (First, Midd	le, Maiden Surnam	е)	
10	19a. INFORMANT'S NAME (TypesPrint) HENRY SOHL				ROAD - I				
	20e. METHOD OF DISPOSITION 1	oval from State	ESTERN C	EMETERY		3/19	BALTIM		rn, Stata
	21. SIGNATURE OF FUNERAL SERVICE DO	Smith	>	HUBBA	AND ADDRESS OF A RD FUNEL WILKENS	RAL HOM	-	ORE, M	D. 21229
	23. PART Í. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	let poly one cause on							Approximate Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	ONE TOTAL A	A CONSEQUENCE O	13	e Puli	mener	y Dis	ene	
PHYSICIAN: MEDICAL CI	PART II. Other significant condition Cardiac Dy Recent	a contributing to death	but not resulting	In the underlyi	ng cause given		n. WAS AN AUTOP PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHEB	PLACE OF DEATH (peclfy)		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 28b. Til	ME OF 28c. II	JURY AT /ORK? YES 2 NO	7	BE HOW INJURY	OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, pecify)	street, fectory, off	ice		ON (Street and Nur. own, State)	nber or Rural Ro	oute Number,
COMPLETED	contain only	CIAN: To the best of my known in the basis of examination							end manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	Claut	DEATH (ITEM 27) (Tro	e, Print)	29c. LICENSE N	UMBER	29d.	3/	(Month, Day, Year)
					. /	/			

Junia Sevidson-Randall

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	eral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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requires that the death certificate of executed within 24	been signed by the attending physic	all d	chame any initial or other transmits areast the median aversions much be nestified as any
2	Dang	5	200
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to burial, crema IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	SINIE UF I		RTIF	ICAT	E OF	DEAT	TH I	NEN IAL MYGIEN REG. NO			07001
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	AV		3. TIME OF DEATH
	Heber George 1								March 1	5 1	993	11:15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t	- 10	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	203-01-3006	1 (M 2 F	73	YRS.		THE S		5.5.11	May 11,	1919		rsylvania
œ	9e. FACILITY NAME (If not institution, give	The state of the s					R LOCATIO		ATH		NTY OF DE	
ē	212 Cedarmere Ci	rcle			0	wing	s Mi	<u>lls</u>		В	altin	nore
36	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
5	Maryland Bal	ctimore			Owi	ngs	Mill	S				LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP CODE	E .		10g. CIT	IZEN OF WH	HAT COUNTRY?
FUNERAL DIRECTOR	212 Cedarmere Ci						2	1117			USA	
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2			2 NO If yes, specify Cuben, Mexican, Puarte					C ORIGIN? (Specify Yes	ORIGIN? (Specify Yes or No— 14. RACE — American in Black, White, etc.)		
B	3 Widowed 4 Divorced	IF YES, GIVE Y					2 💢 NO					ite
	15. DECEDENT'S EDU	JCATION	16a, DECE	DENT'S	USUAL O	CCUPATIO)N		16b, KIND OF BU	SINESS/INI		ue
COMPLETED	(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5	+) (Give	kind of to NOT us	work done se retired.)	during mo	st of workin	g				
I d M	H.S.	The Act of Carlo	Mech	iani	cal	Engi	neer					
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	E (First, Middle, Meiden	Surneme)		
BE	James Frutchei								rie Allen			
2	19a. INFORMANT'S NAME (Type/Print)								oute Number, City or Tow			
	Ruth J. Frutcher							cle	Owings 1			
	1 Dental 2 Cremation 3 Rem	noval from Stata	20b. PLACE AN	tory or o	ther place)	ITION (Na	me of	ando	DATE 20c. LO	CATION -	City or Tow	n, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- Jucane	.y v	22.	NAME AN	D ADDRES	S OF FAC	ILITY			
	re Buan	- Paux	ll		E	line	Fun	eral.	11824 F Home. Red	Reist	ersto	wn Road , Md.21136
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	it coused the deat	h. Do r	ot enter	the mo	de of dyl	ng, such	as cerdiec or respi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Final											Interval Between Onset and Death
	disease or condition reaulting in death)	, we	924 4,5	_	1	un	p	PM	SNOWS			
	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONSEQUE	ENCE OF)	740	M C	eno	10 mg sp	2104		
SAT	if any, leading to immediate cause. Enter UNDERLYING										į į	
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQUE	ENCE OF	ን:							
EH	resulting in death) LAST	d										
	PART II. Other significant condition	na contributing to	death but not res	uiting	n the ur	derlying	cause o	iven in P	Part I. 24a, WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									PERFOR	MED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
									1	□ NO	- 1	OF DEATH?
2									_			I ILS 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF OR	ATH (Chec	ck only one)			
YSK	1 YES 2 10	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 - Nun	R: Bing Home	S. Kilo	sidence 8	☐ Other (Specify)			
H	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D.		MIT .d89	E OF URY	28c. INJU	JRY AT		28d. OEŞCRIBE HOW I	NJURY OC	CUREO	
βÁ	2 Accident Investigation	21 21112			М		ES 2	NO				
COMPLETED	3 Suicide 8 Could not be determined	building,	F INJURY — At home etc. (Specify)	, term, a	treat, fact	ory, office	,		28t. LOCATION (Street e City or Town, State)	and Number	or Rural Roo	ute Number,
9	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat of	my knowledge death			leve dete	and almost		o the ceuse(e) and men			
N N									o line ceuse(e) and men me, date end place, en			end manner ee stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE)		~			NSE NUME				Aonth, Day, Year)
BE	(Vaerele	1) to	1110	1	1)) [1)	172	75-	DATE OF THE PARTY	2-1.	(93
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM 2	7) (Type,	Brint)		.10	10			<u>) /</u>	
	DrClaudio A. Levin	10219	S. Dolfi	eld	Road	d	Owi	igs 1	lills, Md.	21	117	
	31. DATE FILED MAR 19 19	93 32. REGISTRA	R'S SIGNATURE	force	رور						-	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

11.0		1 00		ì
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transmit	, or removal.	madical avaminas much ha andifficial at any
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention procedum.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-praise new	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked or item 23 shows any injury or other traumatic assent the modical assembles as accompanies.
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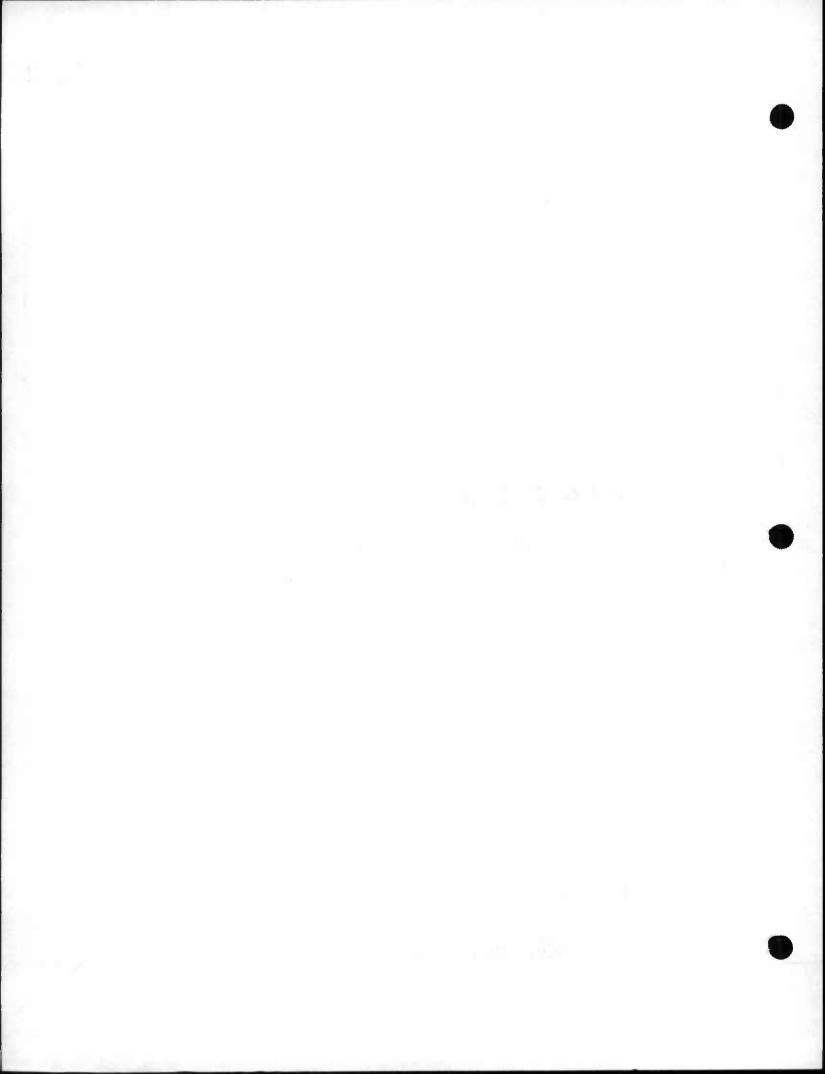
31. DATE FILEO (Month, Day, Year)

	1 - STATE OF MARY	YLAND / DEPART Certific	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	93 07382
	1. OECEDENT'S NAME (First, Middle, Last) CHARLE			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC		F UNDER 1 YEAR F UNDER 24 HRS. WONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/7/1910	8. BIRTHPLACE (State or Foreign Country) Maryland
9 8	90. FACILITY NAME (If not institution, give street and number) Good Samaritan Hospital		96. CITY, TOWN OR LOCATION OF D Baltimore Cit	DEATH 9	PC. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland Baltimore	Р	Parkville	1.	1 TYES 2 NO
FUNERAL	2622 Wendover Rd.		21234] "	10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS OECEDENT EVEI FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 YNO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 — YES 2 X NO Spec	an, Puerto Rican, etc.)	No- 14. RACE — American Indien, Black, White, etc. Specify:
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e, OECEDENT'S US	rk done during most of working	16b. KIND OF BUSINE	White White
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+)	life. Do NOT use	enance Supervis	or Waverl	y Press
	17. FATHER'S NAME (First, Middle, Last) Milton C.	Fick	18. MOTHER'S N	AME (First, Middle, Maiden Sun	Jankiewicz
TO BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ODRESS (Street end Number or Rural	Route Number, City or Town, S	State, Zip Code)
	Ronald L. Fick 20e. METHOO OF DISPOSITION 1 □ Burlel 2 M Cremetton 3 □ Removal from State	ON DI ACE AND DATE OF	Paigewood Rd.	Midlothia	n, Va. 23113
	4 Donation 5 Other (Specify)	cemetery, cremetory or othe Hillto	p Service Corp	3/19/93 To	OWSON MD
		lartsock, dr.	22. NAME AND ADDRESS OF FA	Baltimo	ore,Maryland 21214 305 Harford Rd.
	23. PART I. Enter the diseases, or complications that caus shock, or heart feliure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)	each line. Sater S A CONSEQUENCE OF):	t enter the mode of dying, such	ch as cerdiac or reapirate	Ory arrest, Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	S A CONSEQUENCE OF):	AS CYA		
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	S A CONSEQUENCE OF):			
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth	but not reaulting in	the underlying couse given in	Part i. 24a, WAS AN AUT PERFORMED	0? AMAILABLE PRIOR TO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C)	neck only one)	
HYS	1 UYES 2 NO Impatient 2 ER/OL 27. MANNER OF DEATH 280. DATE OF INJUR	utpetient 3 DOA 4 Y 28b. TIME C	□ Nursing Home 5 □ Residence OF 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW INJUI	BY OCCUPED
BY	1 Netural 5 Pending 2 Accident Investigation 28e PLACE OF IN U.) INJUR	WORK? M 1 YES 2 NO		
ETED	4 Homlete detarmined building, stc. (St	Decify)		City or Town, State)	Number or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examinat	owledge, death occurred a tion end/or investigation,	at the time, date end piece, end due in my opinion, death occured at the	to the cause(e) and menner time, date end place, end du	as stated, ue to the ceuse(s) end menner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER SATINGER	JUDGE N	29c, LICENSE NUI	MBER 29	DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF C SATING IN ETC. 31. DATE FILEO (Month, Day, "bar") 32. REGISTRAR'S SIG	STYE W		SAMPR 121	on HOSP.

SATINDER JUDGE MI)

32. REGISTRAR'S SIGNATURE

11.10 1 1993 Julie Buildon-Rondolle



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the d	the the	1
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending as	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the same of the funeral director, page 5 should be detached for use as the same of the funeral director, page 5 should be detached for use as the same of the funeral director.	De ned writin 12 nous aret death with the State Dept, or regult and writing higher prior to build, creinfation, or refinds. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		-	-

	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MENTAL HYGIEN Reg. No.	E 9	3 (7383
	1. DECEDENT'S NAME (First, Middle, Last)	BERNA	ARD FADI						2. DATE OF DEATH MONTH DA MARCH 14		PASY	3. TIME OF DEATH 4:20 PM M
- 5	4. SOCIAL SECURITY NUMBER 217-22-0437	5. SEX 1 NM 2 F	6. AGE (In yrs. Ia		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) OCT . 30,		8. BIRTHPI Country)	LACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give st 3407 RELAW RD.	treet and number)			9b. CITY	y, town o	TIMC			9c. COU	BALTI	ATH
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY	BALTIMOR	E	10c. CIT		OR LOCATE BALTI		Ξ				IOd. INSIDE CITY LIMITS? XX I YES 2 NO
FUNERAL	3407 RELAW RD.	101, ZIP CODE 100, CITIZEN OF WHAT O										
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	AR OR DATES	RMED NO		WAS DECI	ecity Cubm	n, Mexica	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	14. RACE - Black, Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. D	DECEDENT'S (Give kind of vite. Do NOT us	work done ise retired.)	during mos	st of workin	ng	16b. KIND OF BUS			
	17. FATHER'S NAME (First, Middle, Last) ALBERT FADER					PRIN	18. MOTH		ME (First, Middle, Maiden	ENTIN Surname)	lG	
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS RUTH FADER		19	9b. MAJLING			nd Number	or Rural I	Poute Number, City or Town BALTIMORE		2120	17
	20s. METHOD OF DISPOSITION 1 © Burlel 2 oremation 3 Removal from State 20s. PLACE AND DATE OF DISPOSITION (Name of complete Carpeters, crematory or other class) 20s. DATE 20s. LOCATION - City or Town, State 20s. LOCATION - City or Town, State 20s. LOCATION - City or Town, State 20s. LOCATION - City or Town, State 20s. LOCATION - City or Town, State 20s. LOCATION - City or Town, State 20s. LOCATION - City or Town, State 20s. LOCATION - City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC 6010 REISTERSTOWN RD. BALTO., MD 21215							21215				
	23. FARTIL Enter the disease, or of shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cuy	ise on each iin	ac	not enter	r the mod						Approximate Interval Between Onsat and Death
CERTIFICATION	Sequenticity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Jes	CON AS A CONSE CON AS A CONSE CON AS A CONSE WAS OF	EQUENCE OF	nto	ez	ne	rde	nos.			2 gear
PHYSICIAN: MEDICAL	PART II. Other significant condition Stephen for Higher tem	a contributing to	death but not		in the un	nderlying	Couse	given in	Part i. 24a. WAS AN PERFOR	MEO?	6	VERE AUTOPSY FINDINGS NAMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R:	1/	1	eck only one) 6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIM		28c. INJU	URY AT		28d. DESCRIBE HOW I	NJURY OC	CUREO	
	3 Suicide 8 Could not be detarmined	28a. PLACE Of building,	F INJURY — At h atc. (Specify)	iome, farm, s	street, fac	tory, office			281. LOCATION (Street a City or Town, State)	nd Number	or Rumi Rou	ne Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE								to the cause(s) and mar- time, date and place, an			and manner as stated.
TO BE	29b. SUSNATURE AND TITLE OF CERTIFIER TO COLOR 30. NAME AND AGORESS OF PERSON WHO	Ost	CO	207	S-i-t)			160	SO SO	29d. DAT	E SIGNEO (A	Month, Day, Year)

DEATH UTEM 27) (Type, Print) Dero

32. REGISTBAR'S SIGNATURE

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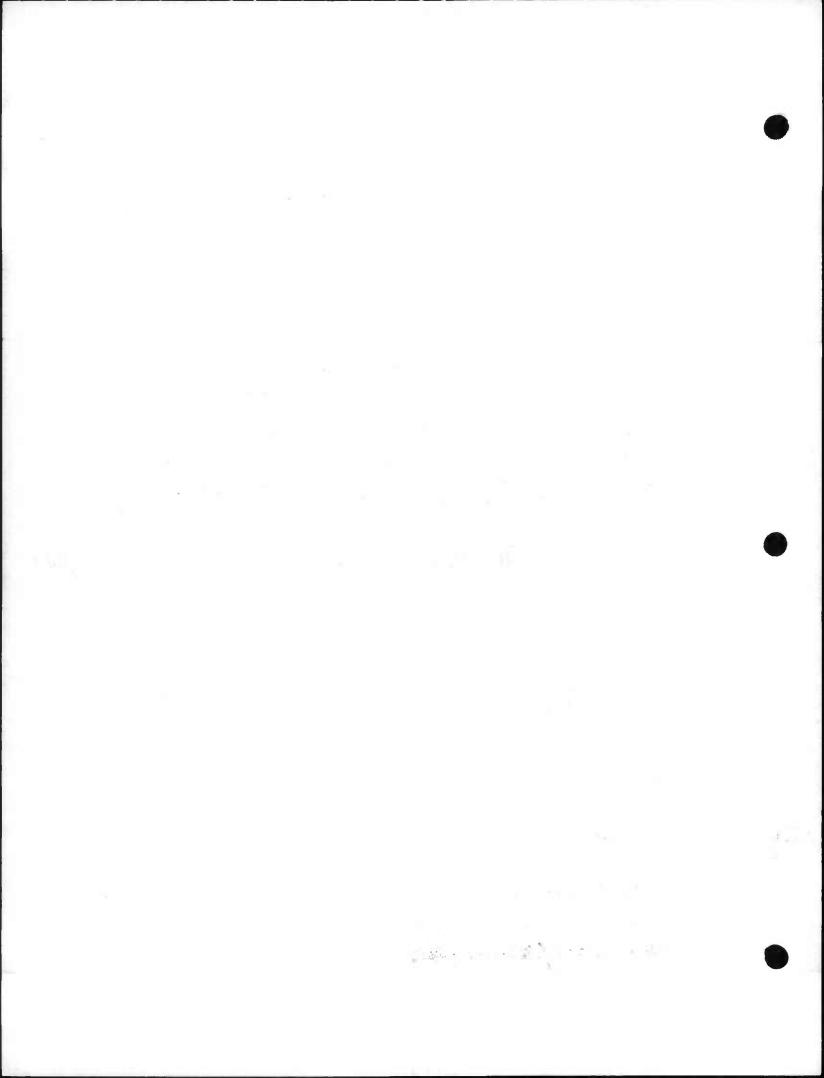
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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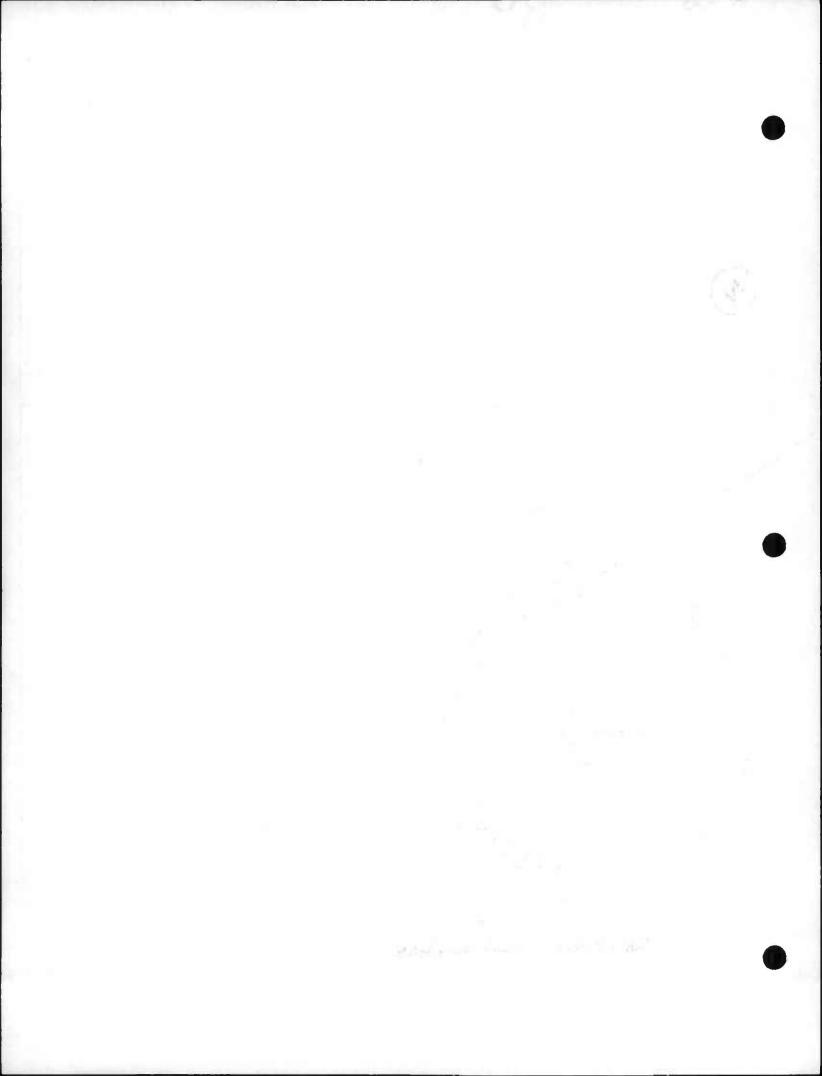
		1. DECEDENT'S NAME (First, Middle, Last)	MARY JANE	FED	OROFF	erc	et.		2. D/	ATE OF DEATH DHTH	AY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(in yrs. las		IF UNDER 1	YEAR DAYS	IF UNDER 24 I		TE OF BIRTH onth, Day, Year)			PLACE (State or Foreign
pinou		093 - 26 - 2772 9a. FACILITY NAME (If not institution, give s	1 M 2) F	62	YRS.	9b. CITY,	rown o	OR LOCATION		5-17-30		New TY OF DE	York
2, 3 st	OR	Holy Cross Hospi	tal					Sprin			Montgomery		
ges 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
真		Maryland Mon-	tgomery		De	Derwood					1 TYES 2 NO		LIMITS?
nsit per	ERAL	7208 Mill Run Dr	ive		101. ZIP CODE 20855					109. CITIZEN OF WHAT COUNTRY?			
ending physician. as the burial-transit permit. Pages 1, 2, 3 should	N.	11. MARITAL STATUS 1 Never Married 2 XXMarried	12. WAS DECEDENT EVER IF FORCES? 1 YES	2/1/N		- 11	yes, sp	ENDENT OF H	IISPANIC ORI	GIN? (Specify Yes			
attending ise as the	ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU	CATION	16- DE	CEDENT'S (White
ortal or atte		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi life.	ve kind of wi Do NOT use	ork done du e retired.)	ring mo	st of working		166. KIND OF BU		USTRY	
the hospital or detached for u	COMPLET	17. FATHER'S NAME (First, Middle, Last)	0	CHC	orai	Dire			'S NAME (Fir	Music st, Middle, Maiden			
uld be	BE C	Benjamin Elsaser		1					el Th	•			
oeath, Page 6 may be retained by Inneral director, page 5 should be examiner must be notified at	5	190. INFORMANT'S NAME (Type/Print) Oleg V. Fedoroff								umber, City or Tow WOOd, M		855	
e b may ector, pa must b		20a. METHOD OF DISPOSITION 1 □ Burlal 2√□√Cremation 3 □ Rem. 4 □ Donation 5 □ Other (Specify)	oval from Stata 20t	PLACE A	MO DATE OF	FDISPOSIT	inq	_{me of} ton Cr	emato	ATE 20c. LO	urel.	Mar	n, State Vland
beath. rag funeral dir i. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE)		22. N	AME AN	Funer	of FACILITY	me, Inc			<i>y</i>
the fullowal.		Falalle	TWOODS	4	-	760	01 3	Sandy	Sprin	g Road,	Laur	el,	MD 20707
rice within 24 hours after death. Page 6 may be retained by it completely filled in by the funeral director, page 5 should be all cremation, or removal. c event, the medical examiner must be notified at		intended in the second									Approximate interval Between Onset and Dea		
in cerundate be exect ending physician and I Hygiene prior to but or other traumati	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
signed by Health and IWS any Is	MEDICAL	PART II. Other significant condition hypernatrema dabetes mellets	,				arlying	g ceuse give	en in Part i.	24s. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
the law require has been ate Dept. of em 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PL	ACE OF DEAT	H (Check only	one)			
this certificate has been with the State Dept. of Ned, or item 23 sho	PHYSI	1 TYES 2 THO 27. MANNER OF DEATH	1 € Inpatient 2 □ ER/Outp	etlent 3		4 - Nursir	g Home	e 5 🗆 Reside		ther (Specify) DESCRIBE HOW I	N H I I I I I I I I I I I I I I I I I I	unen.	
fter this ceath with	BY P	1. Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJU		WO			PESCHIBE HOW I	NJUHY OCC	UHEU	
DIRECTOR: Att		3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At hon	ne, larm, str	reet, factor	y, offica			OCATION (Street a ity or Town, State)	and Number o	or Rural Ro	ute Number,
4 42 =	COMPLET		CIAN: To the best of my know R: On the basis of examination										and manner as stated.
TO THE FUNERA De filed within 7 IMPORTANT: 1	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NUMBE				E NUMBER				Wonth, Day, Year)
2 2 3 2	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM	(1); (Type F	Print)		13	3159		> 3	-10-	-93
5		Ruth Kevess- Co. 31. DATE FILED (MONTH, Day, Year)	hen MD &	3700	Geo		A	ve#4	00	Silver	Spr	ing i	np 2091
		MAR 1 9 1993	Fishe Deviden A	notes	Pa .	V					,		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS PO BOX 68760

		1 - FOR STATE REGISTRAR		STATE OF A	MARYL			MENT OF			MENTA	L HYGIEN			
	- 1	1. DECEDENT'S NAME (Firs	t, Middle, Last)									OF DEATH			3. TIME OF DEATN
	1 1	John T.		ile							3 -	16-19	9.3	YEAR	6:00 P.I
		4. SOCIAL SECURITY NUM		5. SEX	6. AGE	(In yrs. last		IF UNDER 1 YEAR	_	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
2		216-12-73		1 X M 2 □ F		69	YRS.	MONTHS DAYS	HOURS	MIN.	4-	6-192	3		nsylvania
2, 3 should	стов	9a. FACILITY NAME (If not in Francis S	cott		l. C	ctr.		Balt:			HTA		9c. COU	NTY OF D	EATN
\$ T	117	RESIDENCE OF DE	10b. COUNT	Υ			10c. CITY	TOWN OR LOC	ATION					\neg	10d. INSIDE CITY
permit. Pages 1,	L DIR	Md.		imore			DU	ndalk	of. ZIP COL	ne .			100 0171	TEN OF W	LIMITS? 1 YES 2 NO WHAT COUNTRY?
	RAL	3477 Dunh	aven	БЯ					212						THAT COUNTRY?
IA.	NE	11. MARITAL STATUS	uven	12. WAS DECEDEN	IT EVER	IN U.S. ARI	MED	13. WAS DE			IIC ORIGI	N? (Specify Yes		. A .	- American Indian,
N.	1	1 Never Married 2 🛚		FORCES? 1	X YES	2 N PATES A	o rmv	If yes, t	specify Cub		n, Puerto	Rican, etc.)		Black Speci	, White, etc.
as if as	1 6	3 Wildowed 4 Div	orced			W.W			A M	opouny					ite
r atter		15. DEG (Specify on	CEDENT'S EDU	JCATION e completed)		16a, DEC	EDENT'S L	ISUAL OCCUPAT ork done during re- retired.)	TON nost of work	ing	16	. KIND OF BU	SINESS/INC	USTRY	
portal o	COMPLETED	Elementary/Secondary ((0-12)	College (1-4 or 5	+)		_	Drive				Truc	king		
the hos detach	S	17. FATHER'S NAME (First, A	Hill of the same									Middle, Maiden	Surname)		
	BE	Dominic G		.e						ry V					
retained by 5 should b	2	19a. INFORMANT'S NAME (ADDRESS (Street							
		Leona Gen			-			Dunhay		ка.,					
		1.X Muriel 2 Cremati	on 3 🗆 Rem	noval from State	CEA CEA	netery, cren	nd date of	FDISPOSITION (I Per place) CEMET	Comi	F	3 _ 1	9 - 93	CATION —		wn, Stata , Md .
Page Il dire	3	21. SIGNATURE OF FUNERA		CENSEE											
after death. Page 6 m oy the funeral director, moval. Ical examiner musi		- E disc	M	Edis Perkin	Ly	D00	0083	2134	Wi	llow	Sp	ring	Rd.,	Dun	e,Inc. ²¹²²² dalk,Md.
24 hours after filled in by the on, or removal		the state of the s	neart failure.	complications that List only one cau	t cause use on a	d the dea	nth. Dp no	ot enter the m	ode of dy	ying, suct	h aa car	diac or reap	iratory arr	rest,	Approximate interval Between
24 mg		IMMEDIATE CAUSE (Fi	nal	1.0	m	ph o	ma								Onset and Dear
nted within 24 completely fill, ial, cremation,		resulting in death)		a. DUE TO	OR AS	CONSEQ	UENCE OF								
executed and control to burial, imatic en	z	#4000 = 1800 = 1 - 1000		h	Re	nal	Fall	lure							
	일	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
0 = 2 -	2	cause. Enter UNDERLYING CAUSE (Disease Dr injury that individed entering the individed entering the individed entering the individed entering the individual entering entering the individual entering													
nding phy Hygiene	CERTIFICATIO	that initiated events resulting in death) LAS		DUE TO	(OR AS	A CONSEQ	UENCE OF)	:							
	#	Tooling III doddin, Enc		d											
Injury the	EDICAL (PART II. Other alignifica	ent condition	ns contributing to	death t	out not re	esulting in	the underlyl	ng cause	given in	Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
he law requires that has been signed to be Dept. of Health a	ME									_		,	X	1	1 - YES 2 NO
Sept by	ä														,
N: The scate has State D	SICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:				26. I	PLACE OF I	DEATH (Che	ock only o	ne)			
SICIAN: The certificate to the State	HYS	1 TYES 2 NO		1 Impatient 2		patient 3	□ DOA	4 🗌 Nursing Ho		lesidence					
F # # # 5	ВУ РЬ		Pending Investigation	28a. DATE OF (Month, D	ay, Year)		28b. TIME INJU	M 1	URY AT ORK? YES 2	□ но	28d. DE	SCRIBE NOW I	NJURY OC	CURED	
DR ATTENDING DIRECTOR: After hours after death tem 28 is ma	8	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE O building,	etc. (Spe	f — At hon	ne, ferm, st	reet, factory, off	lce		261. LOC City	ATION (Street or Town, State)	and Number	or Rural R	oute Number,
로 로 로 프	COMPLET			ER: On the best of											and manner as stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II		29b. SIGNATURE AND TITLE	-	-						ENSE NUM					(Month, Day, Year)
TO THE DE filed W	TO BE	30. NAME AND ADDRESS O	PERSON WI	KATONEY	SE OF O	40	1970 /3	Delast	09	1342	7		▶ 3	/17	1/93
	()			De Jong	ac UP DE	AIH (ITEM	zrj (type, i	Eask	12	A	1.4	14.		/	

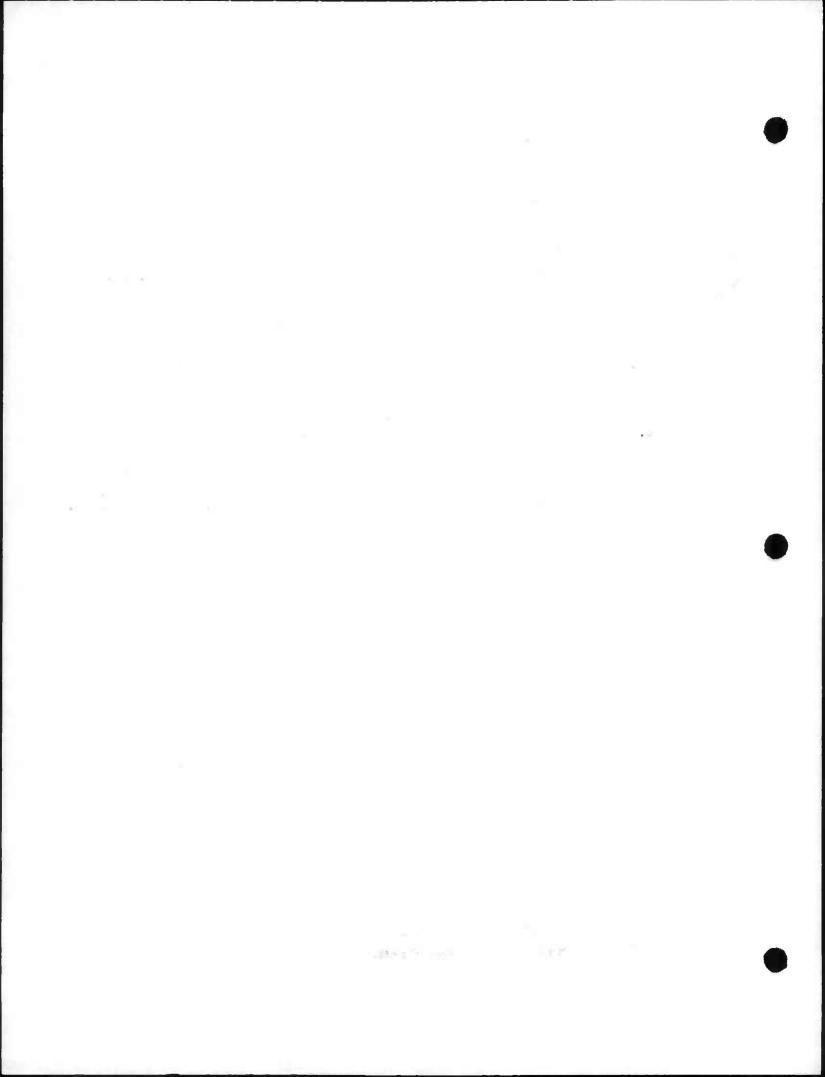


FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERT	IFICATE (OF DEATH	REG. NO	t.			
	1 /	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY YEAR.	3. TIME OF DEATH		
		HILDA	M. GARVE	ER			March 15.	1993	1:30 p M		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birtho			7. DATE OF BIRTH		HPLACE (State or Foreign		
P	1 1	214-44-7198	1 🗆 M 2 💢 F	88 YR	B. MONTHS D.	AYS HOURS MIN.	11-16-190		vland		
pinous	1 3	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	WN OR LOCATION OF D		9c. COUNTY OF D			
6,	O. H	Howard County Gen	eral Hospit	al	Co1	umbia		Howard	a a		
-	5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY						_ noware			
Pages	DIRECTOR			1.01	CITY, TOWN OR E				10d. INSIDE CITY LIMITS?		
Ĕ		Maryland Balti	more		Catonsv				1 TES 2 NO		
/ B	Z Z					10f. ZIP CODE		10g. CITIZEN OF 1			
N	FUNER	5 New Kent Cou				21228		U.S.A.			
	유	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S XX NO	13. WAS	B DECENDENT OF HISPA 18, specify Cuban, Mexico	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	s or No- 14, RACI Blac	RACE — American Indian, Black, White, etc.		
D g a	≧	3; Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR	DATES	1 🗆	YES 2 X NO Speci	ly:	Spec	™y: White		
NU 21215-0020 hospital or attending physicached for use as the byte.	<u>n</u>	15. DECEDENT'S EDUC		16a, DECEDEN	T'S USUAL OCCU	PATION	16h KBID OF BU	ISINESS/INDUSTRY			
Z1Z		(Specify only highest grade Elementary/Secondary (0-12)	completed) Coflege (1-4 or 5+)	(Give kind	of work done during true retired.)	ng most of working	100.1010	J. 12.507.111.5007.111			
hospital ached fi	릴	8th. Grade	0010g0 (1-4 01 0 +)	Flor	ist - O	wner	Flower	r Sales			
the hospit detached	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden				
68	i l	Henry Schm	elvun			Len	a Brunne:	r			
retained 5 should	8	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (S		Route Number, City or Tow				
2 2 40 3		Mrs. June O'Neil	1	5 Ne	w Kent (Court, Cat	onsville, l	Maryland	21228		
may be		20a. METHOD OF DISPOSITION		Ob. PLACEAND DA	TE OF DISPOSITIO			CATION — City or To			
2 - g		1 Donation 5 Other (Specify)	com State	reen Mo	or other place) int Crer	natory 3-	18-1993 Ba	ltimore.	Maryland		
feath. Page 6 m funeral director.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAI	WE AND ADDRESS OF FA	VCILITY				
death. P		+ PHOOL N	below me	00550	Ste	rling Asht	on Funeral	Home, Ir	ic.		
		23. PART I. Enter the diseases, or o			1/30	Edmondson	Avenue, Ca	atonsv111	Le, Md. 2122		
24 hours after filled in by the ion, or remova		shock, or heart fellure. I	lst only one cause on	each line.				4	Approximata Interval Between		
42 ill no		IMMEDIATE CAUSE (Final disease or condition		(a	of so K	ul not	mes all	ed 1	Onset and Death		
ted within 24 ille completely fille ial, cremation,		resulting in death)	DUE TO (OR AS	A CONSEQUENC	E OD:			7			
B 0 8			552 10 (011 14	A CONSEQUENC	Presto	Ach Dr. D.	muray	Frak 51	<i>!</i>		
e be executed by the sician and control by t	CATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENC	E OF):	ed in	1	011 120 9	77 42. 9		
ficate be physician ne prior to	¥	if any, leading to immediate cause. Enter UNDERLYING			(TA De	of unor	1 Thinks	out		
	Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENC	E OF):	1 701	1				
	. 1 00	resulting in death) LAST	l.		H	rial + 1.	brilling	ĩ	! !		
the atter Mental	뜅	DART II Other elections are distant									
26 1	EDICAL	PART II. Other significant conditions			4		A PERFOR		AMILABLE PRIOR TO		
			thonee	Onecru	me p	ulmmay	CLECCHE YES' 2	NO	COMPLETION OF CAUSE OF DEATH?		
requires been sign of Heal	×								1 _ YES 2 _ NO		
law r	z										
ATTENDING PHYSICIAN: The law requirements of the this certificate has been so after death with the State Dept. of H 18 and 19 an	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C)	neck only one)				
ICIAN ertific	₹	1 VES 2 DE	1 Inpetient 2 ER/O		A 4 Nursing	Home 5 - Residence	8 Other (Specify)				
With Co	РНҮ	27. MANNED OF DEATH Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		INJURY	c. INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED			
DING PHYS After this death with	à	2 Accident Investigation	20 20 20 20 20 20 20 20 20 20 20 20 20 2			YES 2 NO					
TTEND TOR: /		3 Suicide 6 Could not be	28e. PLACE OF INJUI building, etc. (St	pecify)	m, street, factory,	office	28f. LOCATION (Street I City or Town, State)	and Number or Rural i	Route Number,		
OR ATTENDING DIRECTOR: After hours after death	<u></u>				_		<u></u>				
	P A		CIAN: To the best of my kno								
		2 MEDICAL EXAMINE	t: On the basia of examinat	tion and/or investig	ation, in my opini	on, death occured at the	time, date and place, an	nd due to the cause(r	i) and manner as stated.		
THE HOSPI THE FUNEF filed within	iii	29b. SIGNATURE AND TITLE OF CERTIFICA	41 4			29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)		
5 5 8 g		4	4 Cens	1101	_	D 20	921	1 3/	25 197		
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (WEST 27) (ype Print)	110	1274	il wash	2111		
38		PM	1142	H.	dow.	BKY.	10172R	d. CAN	bia MM		
- 1		31. DATE FILED MAR 19 199	32. REGISTRAR'S SIG	NATURE COMPANY	600	7		2101	uu, /		
	1 8		-1 //			~			17 1		

DHMH-16 Rev 1/89

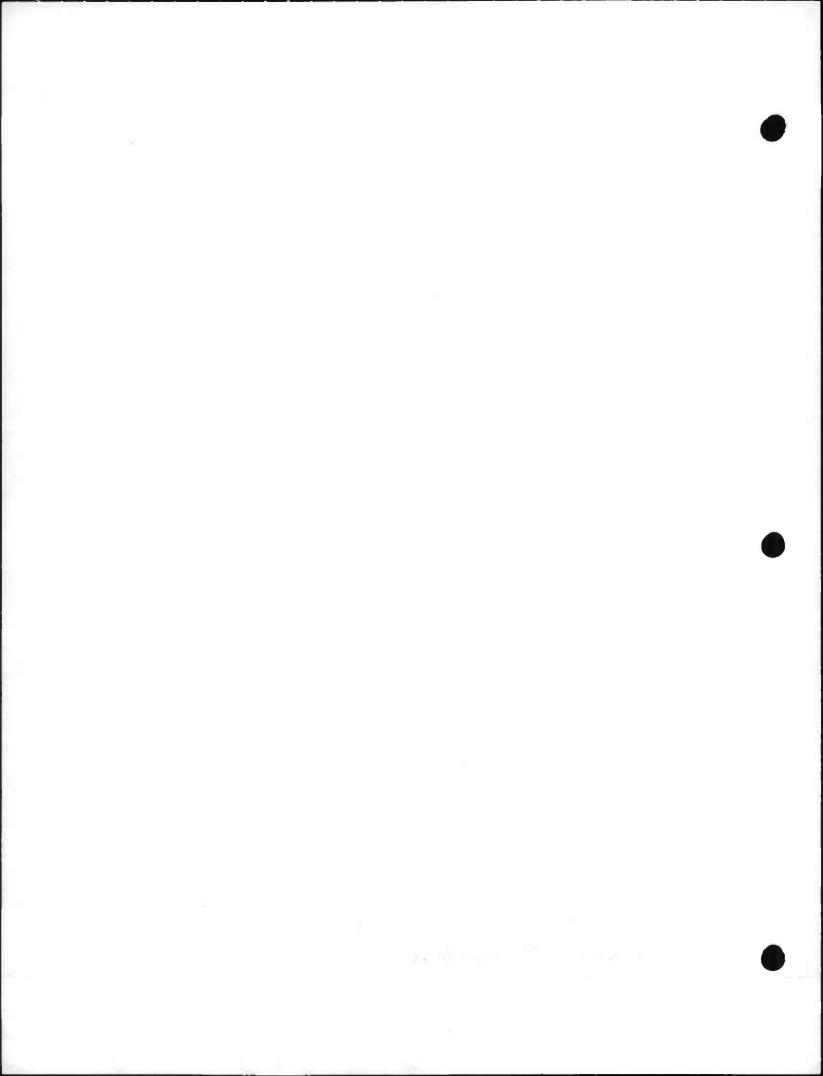


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	D.				
9	1. DECEDENT'S NAME (First, Middle, Last	DAY / YEA	3. TIME OF DEATN								
	DOROTHY ELIZ	ZABETH GROSS				D3 / I	6 / 190				
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	6. B	RTNPLACE (State or Foreign			
	213-16-4548	1 M 2 DF	72. YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dey, Year)	F-73	ountry)			
	Se. FACILITY NAME (If not institution, give		12	9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY C	cyland			
۳ ا	3 5			15000			15.0				
KI	Good Samaritan I	lospital			'owson		Ba	ltimore			
ŭ	10e. STATE 10b. COUN		10c. CIT	Y, TOWN OR LO	CATION		10d. INSIDE CITY				
DIRECTOR	Maryland Balt	timore	TO	wson		LIMITS?					
	10a. STREET AND NUMBER		1 10	WBOIT	10f. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?			
FUNERAL	9509 Druminood De	200									
ŽΙ	8508 Drumwood Ro	12. WAS DECEDENT EVER	IN II S ADMED	12 140 0	21286	NIC ORIGIN? (Specify W		S.A.			
	1 Never Married 2 Ameried	FORCES? 1 YES	S 2 NO	If yes,	specify Cuban, Mexico	en, Puerto Ricen, etc.)	98 OF NO- 14. H	ACE — American Indian, Back, White, etc.			
מ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 Y	ES 2 NO Specif	fy:	s	White			
2	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUPA	TION	165 KIND OF BE	USINESS/INDUSTR				
	(Specify only highest grad Elementary/Secondary (0-12)		(Give kind of a	work done during	most of working	TOUR KIND OF BR	DSINESS/ INDOST				
2	12th grade	College (1-4 or 5+)	Dweef	Tallan			D1				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Proof	rerrer	40 MOTHERIO NI	AME (First, Middle, Maide	Bank				
							n Sumame)				
BE	Edward Kraeter 190. INFORMANT'S NAME (Type/Print)		J		Mary E		_				
2			[Route Number, City or To					
	Charles E. Gros	S	113	4 Ingle	side Aver	ue Balti	more, MI	21207			
	20s. METHOD OF DISPOSITION 1 St Buriel 2 Cremation 3 Res	OATE 29c. L	OCATION - City of	r Town, State							
- 1	4 Donation 5 Other (Specify)	B/22/93 (Owings N	Mills, MD							
1	21. SIGNATURE OF FIJNERAL SERVICE L	ICENSEE		22. NAME	AND ADORESS OF FA	CILITY					
	1 (Mariatura o	K Kim-	1		nson Fune						
	23 DART I Enter the diseases of	complianting that will	A death Dea	1 852	1 Loch Ra	ven Blvd.	Towsor				
	23. PART I. Enter the diseases, or complications that eaused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	IMMEDIATE CAUSE (Final	Mideal	. 11	\wedge	_	11.1	V .	Onset and De			
	disease or condition — a. Mcfatable AdonoCarcinama & Unknow maky oue to (or as a consequence of):										
		OUE TO (OR AS	A CONSEQUENCE O	F):	A 1.0 A	2111					
Sequentially list conditions, The Malignant Petrical dial Ethion											
Ĕ	if any, leading to immediate cause. Enter UNDERLYING										
3	CAUSE (Disease or Injury	c									
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):		,					
	Tesulting in death) LAST	d									
Ö	PART II. Other significent condition	one contribution to death	but not resulting	In the underly	ing gover alves in	Book I Or uno s					
DICAL	Service Servic		but not resulting	in the underly	ing ceuse given in		RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO			
ă						1 TYES	2 NO	COMPLETION OF CAUSE OF DEATH?			
ME		·						1 _ YE\$ 2 _ NO			
ż											
뚨비	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF OEATN (C	neck only one)					
PHYSICIAN:	1 TYES 2 THO	HOSPITAL: 1 □-Inpetient 2 □ ER/Ou	ripatient 3 🗆 DOA	OTHER: 4 Nursing N	ome 5 🗆 Residence	8 Other (Specify)					
主	27. MANNER OF DEATH	28a. DATE OF INJURY	/ 28b. TIM	E OF 28c.	NJURY AT	28d. DESCRIBE NOW	INJURY OCCURE)			
BY F	1 Natural 5 Pending	(Month, Day, Year)	in.		WORK? YES 2 NO						
9 0	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	RY — At home, farm,	street, factory, of	fice	28f. LOCATION (Street	and Number or Ru	ral Route Number.			
Ξ.	4 Homicide determined	building, etc. (Sp	ecify)			City or Town, State	0)				
4	29a. CERTIFIER		-01010								
COMPLETE	(Check only	SICIAN: To the best of my kno									
ō l	2 MEDICAL EXAMIN	IER: On the beale of exeminati	ion and/or investigation	n, in my opinion	, death occured at the	time, data and place, a	and due to the cau	se(a) and manner as stated			
ш	296. SIGNATURE AND TITLE OF CERTIFI	ER	# 211	1. 1	29c, LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)			
∞	JOHN B	HUSHAM,	4211,	luteon		and or	▶ 03	16 19B2			
2	30. NAME AND AODRESS OF PERSON W	HO COMPLETED CAUSE OF D	DEATN (ITEM 27) (Type	, Print)				1170			
	GOOD SAMAK		MILAI	BAI	TIMORE	, mD &	1929				
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		10100	VIC	1 8	113/				
1	MAR 1 9 1993	Ilia Davidson-	- gardell								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DNIG I	After	death
0	TEN	OR:	ther i
2	JR AT	IREC	SULS
2	AL	40	2 7
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal
	뿔	HE	lled v
	6	01	he fi

	1 - STATE REGISTRAR	STATE OF MARYI		MENT OF HEALTH		HYGIENE C	3 07388			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH	3. TIME OF DEATH			
	CARROLL	E. G	UIDER		MAR(CH 17, 1993	1:33P M			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 2		BIRTH B.	BIRTHPLACE (State or Foreign Country)			
	165-38-0114	1)\(\)\(\)\(\)M 2 \(\) F	44 YRS.	2-20 1311 1523	3/30	1/48 S	.Carolina			
	98. FACILITY NAME (If not institution, give s THE JOHNS HOP			9b. CITY, TOWN OR LOCATIO		9c. COUNTY	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	KINS HUSPITA	L	BALTIMORE	CITY	BAL	TIMORE CITY			
HE	10a. STATE 10b. COUNT	Υ		TOWN OR LOCATION			10d. INSIDE CITY			
	Pa.		Ha:	rrisburg			X1XXYES 2 NO			
RAL	10e. STREET AND NUMBER	lood		10f. ZIP CODE 1 7 1 1			OF WHAT COUNTRY?			
BY FUNERAL	2990 Croyden R	12. WAS DECEDENT EVER					S.A.			
E	1 Never Married 3 Married	FORCES? 1 YES	2NO NO		, Mexican, Puarto Rica	in, etc.)	. RACE — American Indian, Black, White, atc.			
	3 Widowed 4 Divorced	IF YES, GIVE WAR ON L	IALES	1 TYES 2 X NO	Specify:	В	ľäck			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S L	ISUAL OCCUPATION ork done during most of working retired.)	16b. KII	ND OF BUSINESS/INDUS	TRY			
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bus Dr.							
NA IE	17. FATHER'S NAME (First, Middle, Last)		DUS DI							
TO BE CON	Fred W. Guider				en's Name (First, Midd rah E. F	Meiden Sumame) Robertson				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	AOORESS (Street and Number of	or Rural Route Number.	City or Town. State. Zio Co	de)			
	Roseann Guider		2990	Croyden Rd	.,Harris	burg,Pa.	17104			
200	20a. METHOD OF DISPOSITION 1 2 Burlal 2 Cremation 3 Rem			DISPOSITION (Name of	DATE	20c. LOCATION — City	or Town, State			
examiner must	4 Donation 5 Other (Specify)		Riag			3 Harris	burg,Pa.			
E	21. SIGNATURE OF FUNERAL SERVICE LIC									
	ander	Shoull		Baltimore	Funeral	. Sêt√îde	Sally.			
medical	23. PART i. Enter the diseases, or abock, or heart fallure.	complications that cause List only one cause on a	d the death. Do no	ot antar the mode of dyin	ng, auch aa cardlad	or respiratory arrest	. Approximate			
E	IMMEDIATE CAUSE (Final						interval Batween Onset and Death			
event, the	disease or condition reaulting in death)		SPIRATORY		DEOME		3 weeks			
		and the second second	A CONSEQUENCE OF)	- ACUTE			2 months			
CATION	Sequentially list conditions,	DUE TO (OR AS	EATITIS A CONSEQUENCE OF				LITIONING			
CAT	if any, leading to immediata cause. Entar UNDERLYING	Pano	REATITI	5- CHROW	lic		ZOYRS			
TIFIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF)				2 10			
CERTIFICATION	resulting in death) LAST	d. WIAZN	UTRITION	<u> </u>			Zmonths			
IL O	PART II. Other significant condition	na contributing to death i	out not resulting in	tha underlying cause gi	van in Part i. 24	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
SIC AIL	Diabeles Mellite	45				PERFORMED? YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
VE G						A 120 1 110	OF DEATH?			
2 Z										
Marked, or nem 23 snows any BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE	ATH (Check only one)					
IVSI	1 TES 2 NO	1 Inpetient 2 ER/Out	petient 3 DOA	t ☐ Nursing Home 5 ☐ Res	idence 6 🗆 Other (S)	pecify)				
магкец, ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WORK?		BE HOW INJURY OCCUR	ED			
	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	/ _ At home form et	M 1 TYES 2		M (%)				
TED	4 Homicide 6 Could not be	building, etc. (Spe	cify)	eet, motory, office		ON (Street and Number or i own, State)	nurai Houte Number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	rledge, death occurred	of the time date and place of	and due to the server					
ME.							nuse(a) and manner as stated.			
	295 AGNATURE AND TITLE OF CERTIFIES				ISE NUMBER		GNED (Month, Day, Year)			
D BE	tandat. Lipsett mo)		1 .	-03826		17.93			
<u>₹</u> 2	30. NAME AND ADDRESS OF PERSON WH			Print)						
	PAMELA	LIPSETT	00 N WOI	FE ST, Blaloc	K 605	BALTIMORE	HO 21287-4605			
	MAR 1 9 1993	32. REGISTRATES SIGN	A PERSONAL PROPERTY							
	MAK 19 1999	\mathcal{I}								

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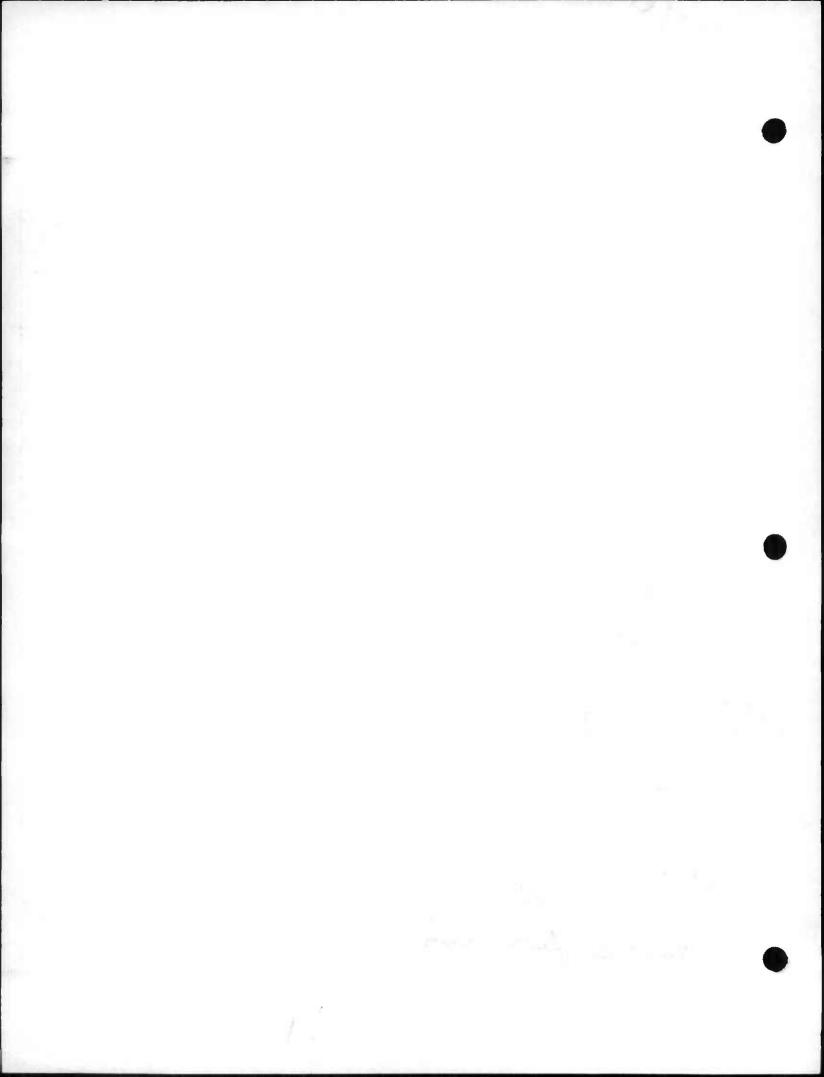
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 07389 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH PAY2 **3 3** МОМТН MARGARET ANN GAITHER 12:47 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 TF 216-72-9235 35 YRS. 03/24/57 North Carolina Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 355 HERRING COURT BALTIMORE CITY RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 X YES 2 | NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 355 HERRING COURT filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. 21231 USA or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 X Never Married 2 Married 1 TES 2 NO Specify: В 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) retained by the hospital 9TH UNABLE TO WORK N/A17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) "UNKNOWN TO RECORDS" (GAITHER) 7 "UNKNOWN TO RECORDS" BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOHN A. GAITHER MANTON AVE, FLPROVIDENCE, RI 02909 executed within 24 hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION
1 □ Burlal 2 X Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Cemetery, crematory or other place METRO CREMATORY, INC. 5 Other (Specify) 4 Donation BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner SEU CREMATION SOCIETY OF MD, INC. GEORGE E. MACNABB 299 FREDERICK RD BALTO., medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, 1 event, the disease or condition nlumonia resulting in death) DUE TO (DR AS A CONSEDUENCE OF): and com traumatic CERTIFICATION Sequentially list conditions, QUE TO (DR AS A CONSEQUENCE OF): attending physician a mtal Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEDUENCE OF): thet initiated events resulting in desthi LAST 50 death o signed by the atter Health and Mental any Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part 1. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMED? 1 XYES 2 | NO Shows r this certificate has been sin with the State Dept. of He arked, or Item 23 show 1 NES 2 ND PHYSICIAN: 30 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: XXYES 2 NO OR ATTENDING PHYSICIAN: 4 Nursing Home Standence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME DF INJURY marked, 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO В death 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 COMPLETED 6 Could not be DIRECTOR: after 28 i 4 Homicide hours ltem! 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL COMPRESSION OF THE FUNERAL COMPRESSION OF THE PROPERTY. If It HOSPITAL 2 💹 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3-13-1993 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201 Julia Devilana Silana MAR 1 9 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

O THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	2 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OR ATTENDING P	THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with the	MPORTANT: If Item 28 Is mar
-	-	-	_

1 - STATE REGISTRAR	SINIL OF MANIE	CERTIFIC			ENTAL HYGIENI REG. NO.	E						
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH		3. TIME OF DEATH					
LAWRENCE	E A. HINCS				3 17	93 YEAR	635pm					
4. SOCIAL SECURITY NUMBER	1 1		F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)					
216 50 0011	1 KM 2 F	36 YRS.	ONTHS DAYS	HOURS MIN.	9-8-1906		lass					
9a. FACILITY NAME (If not institution, give	· ·			OR LOCATION OF DEA	ТН	9c. COUNTY OF	DEATH					
	eneral Hos	SPITAL	FALL	STON, 1	YD	HARF	ORD					
HESIDENCE OF DECEDENT 10e. STATE 10b. COUN	пу	10c, CITY.	TOWN OR LOCAT	ION			10d, INSIDE CITY					
Maryland Har	ford County		l Air	1711			LIMITS?					
	Tora councy			ZIP CODE		10a, CITIZEN OF	F WHAT COUNTRY?					
100. STREET AND NUMBER 300 Sunflower D 11. MARITAL STATUS	300 Sunflower Drive 154 21014 USA											
11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE —												
III I ITOTAL MAILING Z MAILING	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) If YES, GIVE WAR OR DATES If YES 2 NO Specify: Specify:											
3 Widowed 4 N Divorced		no					White					
Specify only highest gra Elementary/Secondary (0-12) 12 + 17. FATHER'S NAME (First, Middle, Last)	AUCATION de completed)	16a. DECEDENT'S US (Give kind of wor	k done during ma		16b. KIND OF BUS	INESS/INDUSTRY						
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	awyer		Federal	Justic	e Dept					
12 +	8											
					E (First, Middle, Maiden :	Sumame)						
Edward Hince 19a. INFORMANT'S NAME (Type/Print)		405 MAII 1110 A	DD500 (0)		Callahan							
David W. Hince		3948			Ct 200t MI		4					
20a. METHOD OF DISPOSITION	100				Street, MI							
1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		 b. PLACE AND DATE OF metery, crematory or othe 		me of	DATE 20c. LOC	CATION — City or	Town, State					
21, SIGNATURE OF FUNERAL SERVICE	Ponald V	Wade, Dir	22. NAME A	ID ADDRESS OF FACI	uny State A	natomiz	Poard					
Manney 11	1 Man	3/18/93			St, Balto	_						
annung / c	Muce						.01					
23. PART i. Enter the diseases, or shock, or heart fellure	r complications that cause b. List only one cause on a	d the daath. Do not	enter the mo	de of dying, such	as cardiac or respin	story agrest,	Approximate Interval Between					
IMMEDIATE CAUSE (Final	N I	1		~ ~	Λ		Onset and Death					
disease or condition resulting in death)	. Cordia	Fulma	ay	ONC	1							
	OPUE TO (OR AN	COMMEDIENCE OF	1		4							
Sequentially list conditions,	· CON LO	Myl	7/									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DOE TO JOH AS	A CONSIGNATION OF):										
CAUSE (Disease or injury that initiated events	E. DUE TO (OR AS	A CONSEQUENCE OF:										
resulting in death) LAST	19						1					
	4.											
PART II. Other significant condition	ons contributing to death i	but not resulting in	the underlying	g cause given in P	art i. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
WEDIC					1 YES 2	-	COMPLETION OF CAUSE OF DEATH?					
W							1 YES 2 NO					
						- 1						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	NOSPITAL:			ACE OF DEATH (Chec	k only one)							
I □ YES 3 NO	1 Inpatient 2 ER/Out		THER: Nursing Hom	e 5 🗆 Residence 8	Other (Specify)							
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT	28d. DEŞCRIBE HOW IN	JURY OCCURED						
Natural 5 Pending Investigation				YES 2 NO								
3 Suicide 8 Could not b	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stri	et, factory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number or Rum	al Route Number,					
4 Homicide determined												
29a. CERTIFIER Check only	SICIAN: To the best of my know											
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	NER: On the pasis of exemination	on and/or investigation,	In my opinion, d	eath occured at the ti	me, data and place, and	due to the faur	(a) and hanner se stated.					
296. SIGNATUSE AND TITLE OF CERTIF	IER 1	1/		Sec LICENSE NUMB	EAZ 9	29d_DATE SIGN	ED (Mostry-Day-Mear)					
	296. SIGNATURE AND TITLE ON CERTIFIER 296. LICENSE-NUMBER 296. DATE SIGNED (Modify Dog) Light (1)											
m X / 100 m				30. NAME, AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 27 (Typo, Print)								
Kurley	VHO COMPLETED CAUSE OF DE	EATH KITEM 27 (Type, P	rint)	11.0	Blook	100	U MAN					
Kurley	WHO COMPLETED CAUSE OF DI	# 10	int) 6.	Wel	Phoe	all	lumbro!					



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 3 93 5:57 AM WILLIAM JACOB HIGHTMAN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214 16 1053 1 1 M 2 □ F MONTHS DAYS HOURS 3-23-1916 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR THE UNION MEMORIAL HOSPITAL na BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland na ā 1 YES 2 NO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21211 704 W 36th Street burial-transit physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY attending 3 Widowed 4 Divorced for use as the White 1942-46 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ive kind of work done during most of working Do NOT use retired.) 0 Elementary/Secondary (0-12) Martin Co College (1-4 or 5+) hospital 12 +detached 1 Aircraft 17. FATHER'S NAME (First, Middle, Last) the 18. MOTHER'S NAME (First, Middle, Maiden Surneme 99 William J. Hightman 10 3 BE Harritt L. Stover page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Statt 704~W~36th~Street, Balto, MD~212112 Debra Diamond 8 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Buriel 2 Gremation 3 Removal from State 1 Burlet 2 Communition 4 Donatton 5 Charlet (Specify) funeral director, cemetery, crematory or other place) Page examiner 21. SIGNATURE OF EUNERAL SERVICE 22. NAME AND ACCRESS OF FACILITY State Anatomy Board Romald Wade, Dir 3/18/93 655 W.BaltimoreSt, Balto, MD 21201 completely filled in by the rial, cremation, or removal. 0 hours after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart fallure. List only one cause on each lina. Interval Between 6 MMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition within ? probable Unosepsis event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) hysician and com prior to burial, executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury The law requires that the death certificate be other 1 that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 5 the after Injury, PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by t AMAILABLE PRIOR TO COMPLETION OF CAUSE any YES 2 NO OF DEATH? Shows 1 TES 2 NO enjury bept. of H 25. WAS CASE REFERRED TO MEDICAL EXAMINER? PHYSICIAN: 26. PLACE OF DEATH (Check only one) stones Item certificate h IE HOSPITAL DR ATTENDING PHYSICIAN: The EFUNERAL DIRECTOR: After this certificate d within 72 hours after death with the State INTANT: If Item 28 is marked, or Item OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) HOSPITAL: 1 X YES 2 NO 1 M. Inpetient 2 ER/Outpetient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 2 Accident PM 5 Pending 1 YES 2 X NO BY 9-4-91 Subject tripped over pipes 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide e FUNERAL DIN.
within 72 hours
VII. If Item 24 ROAD BALTO CITY. 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) end manner es stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 296, SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) dealte 3/15/93 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Memarial TERROS NO 22. REGISTRAR'S SIGNATURE 2 MAR 20 1993

		1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF CERTIFICATE OI	HEALTH AND F DEATH	MENTAL HYG		0 0 10 9 2
		1. DECEDENT'S NAME (First, Middle, Last)		a Holla	nd	2. DATE OF DEA	TH DAY 25 9	TEAR 3. TIME OF DEATH M
plnould		4. SOCIAL SECURITY NUMBER 9a. FACILITY NAME (If not institution, give s	5. SEX 1 M 2 F	YRS. MONTHS DAYS		7. DATE OF BIRT	7/43	BIRTHPLACE (State or Foreign Country)
1, 2, 3	DIRECTOR	UNIVERSITY O	f Maryland	Hospital	1/ /1	more C	y sc. count	Y OF DEATH
mit. Pages		10e. STATE 10b. COUNTY ANN ANN 10e. STREET AND NUMBER	E ARUNDEL CO	Jessup				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ian. transit per	FLETED BY FUNERAL	MHCW PO BOX 53			01. ZIP CODE 20794		US	
215-0020 attending physician. use as the burial-transit permit.		1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, s	ECENDENT OF HISPAL specify Cuben, Mexica ES 2 NO Specif	in, Puerto Rican, et	fy Yes or No— 14 c.)	Specify: White, etc.
D 2121 spital or att		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.)	TION nost of working	16b. KIND O	F BUSINESS/INDUS	STRY
ALA y the be det	E COMF	17. FATHER'S NAME (First, Middle, Last)	in Joseph	Cleamens	18. MOTHER'S NA	ME (First, Middle, M	gela /	tolland
be retained to ge 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Rhea Holland		19b. MAILING ADDRESS (Street	and Number or Flural	Route Number City o	or Town State Zin C	de Jessup
e 6 may rector, pa		20a. METHOD OF DISPOSITION 1	oval from State cametery	EAND DATE OF DISPOSITION (I			c. LOCATION — CIT	
SALT death. P e funeral al. examin		21. SIGNATURE OF PUNERAL SESSICE LIC	Monald wade	18/93 655		ore Stre		o,MD 21201
d within 24 hours after on pitch in 24 hours after on pitch it cremation, or remove event, the medical		IMMEDIATE CAUSE (Final	a. An encepha	ne.	ode of dying, suc	h as cerdiac or	respiratory arres	Approximate interval Between Onset and Death
DX 687 be executed clan and con ior to burial, raumatic en	CATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. Respiratore DUE TO (OR AS A CONS	Insuff BEOUENCE OF):	icienc	7		Ihoac
death certificate attending physiemal Hygiene printy, or other t	CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):				
res that the igned by the ealth and M	MEDICAL O	PART II. Other significant condition	s contributing to deeth but no	t resulting in the underlyi	ng ceuse given in	PE	AS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAL REMANS. The law requisitions has been so state Dept. of H	PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL.		26.	PLACE OF DEATN (Ch	eck only one)	*	
SICIAN: The certificate he state if the State if, or item	IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY		me 5 🗆 Residence			
NG PHYSIC fler this ce eath with th	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY V	IJURY AT /ORK? YES 2 NO	28d. DESCRIBE I	IOW INJURY OCCU	RED
TTENDI TTOR: A after d		3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, factory, off	lca	28t. LOCATION (S City or Town,		Rural Route Number,
절 글 전 =	COMPLETED		CIAN: To the best of my knowledge, R: On the basis of examination and/o					
TO THE HOSPIT TO THE FUNER De filed within 7	BE C	396. SIGNATURE AND TITLE OF CENTIFIES	MID		29c. LICENSE NUI			NGNED (Month, Day, Year)
5 5 3 M	5	30. NAME AND ADDRÉSS OF PERSON WH	O COMPLETED CAUSE OF DEATH (17	FEM 27) (Type, Print)	M 315	40	1 2	-25-93
		31 DATE FILED (Heads Day Man)	de personale					
		31. DATMAR #2 0 1993	57. REGISTRAR'S SIGNATURE	LANS.				

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AS	as b	23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within: Frours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for such as the united page of the property of the property of the page of the page of the page of the property of the page of	IMPORTANT; If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MAR		DEPARTMEN RTIFICAT			MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)		40	0			2. DATE OF DEATH	MY Y	EAR 3.	TIME OF DEATH		
	NELLIF	M. h	LAMA	CAME					3	845pm H		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last i	//	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPL Country)	ACE (State or Foreign		
	223-509635	1 M 2 F	94	YRS. MONTHS	DAYS	HOURS MIN.	2-3-1899			1and		
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CIT	Y, TOWN O	R LOCATION OF DE		9c. COUNTY				
۳l	Frederick Health	Care		F.	reder	ick		Fred	eric	k County		
DIRECTOR	RESIDENCE OF DECEDENT						-	Trea				
H	10a. STATE 10b. COUNTY			10c. CITY, TOWN	OR LOCAT	ION			10	d. INSIDE CITY LIMITS?		
		erick		Walker	svill	.e			1	☐ YES 2 🙀 NO		
A	10e. STREET AND NUMBER				107.	ZIP CODE		10g. CITIZE	N OF WHA	AT COUNTRY?		
FUNERAL	8705B Crum Rd.					21793		USA				
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y					IIC ORIGIN? (Specify Yan, Puerto Rican, etc.)	s or No- 14	RACE -	American Indian, Vhita, atc.		
ВУ	1 Never Married 2 Married 3XXWidowed 4 Divorced	IF YES, GIVE WAR O				2 NO Specify			Specify:			
										Black		
	15. DECEDENT'S EDUC (Specify only highest grade	Completed)	(G/w	EDENT'S USUAL One kind of work done Do NOT use retired.	during mos	NN st of working	16b. KIND OF BI	JSINESS/INDUS	TRY			
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COMPLETED	unknown		Dom	estic W	orker			ton Ho	spit	al		
	17. FATHER'S NAME (First, Middle, Last)					101.0.	ME (First, Middle, Malde					
띪	William Eugene F1 19a. INFORMANT'S NAME (Type/Print)	annigan	406	MAII ING ADDRES	e (Otmort o		Let Johnson Route Number, City or To		ada)			
2									0170	2		
	Mrs. Nola Ramsbur	<u>g</u>				RG. Wa	kersville	DCATION — CH	Z1/9	State		
	1X Burial 2 Cremation 3 Remo		other place	00)		**			•	•		
	4 Donation 5 Other (Specify)		Fairvi			irch 3-20		<u>lorsvi</u>	TIE,	MD		
	50/1/	1 01	1				Funeral D	irecto	rs,	P.A.		
	John K	gy weld	h	1:	212 W	7. 01d Li	iberty Rd.	Winfi	eld,	MD 21784		
	23. PART J. Enter the diseases, or canonical shock, or heart feliure.			th. Do not ente	r the mo	de of dying, suc	h es cardisc or res	piratory erree	ıt,	Approximate interval Between		
	iMMEDIATE CAUSE (Finei	Marie Co.			201	,				Onset and Death		
	disease or condition resulting in death)	· Canal	VO. Vas	scular	Ac	Calant				7 Jans		
	rooding in doutin	DUE TO (OR AS A CONSEQUENCE OF):										
z		a ASCVI	0									
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR A	AS A CONSEQU	UENCE OF):								
S	CAUSE (Disease or Injury	c										
TE	that initieted events resulting in death) LAST	DUE TO (OR A	AS A CONSEQU	UENCE OF):								
EH	resulting in death) Exs.	d										
- 1	PART ii. Other significant condition	s contributing to dear	th but not re	suiting in the u	inderlying	cause given in	Part I. 24a. WAS A	N AUTOPSY	24b. W	PERE AUTOPSY FINDINGS		
S	Clwonie	Rough F	2.1.11	2			PERFO	ORMED?	C	WAILABLE PRIOR TO OMPLETION OF CAUSE		
ED							1 TYES	2 90 110		F DEATH?		
Σ							— l		'	_ 1E3 2 _ NO		
A	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (CA	neck only one)					
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 V NO	HOSPITAL:	Outsell-st 2	OTHE	R:							
¥	27. MANNER OF DEATH	28a. DATE OF INJU		28b. TIME OF	28c, INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED			
	1 Natural 5 Pending	(Month, Day, Ye		INJURY	WO	PRK? YES 2 NO						
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJ	JURY — At hon	ne, ferm, street, fa			28f. LOCATION (Street	t and Number of	Rural Roc	ite Number,		
COMPLETED	4 Homicide 6 Could not be	building, etc.	(Specify)		-		City or Town, Ste					
E	290. CERTIFIER OF CERTIFYING PHYSI	ICIAN: To the best of	mouded-s d	ath annumed at the	Olmo des	and place and 4	to the environment and a		i.			
MP	one)	ICIAN: To the best of my in ER: On the basis of examin								and manner as stated.		
8												
0	29b, SIGNATURE AND TITLE OF CERTIFIED	A				29c. LICENSE NU	mes: K	29d, DATE	SILINED //			
BE (Johnsoll Fil	ani				0 300		3	15/	d 75		

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

E.

M.V. 15 E.

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

FUNERAL DIRECTOR

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PHYSICIAN: MEDICAL CERTIFICATION

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Division of VII AL RECORDS, P.O. BOX 68760, BALLIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

22-1212-216	,											
JWR										93	073	94
FOR STATE REGISTRAR	STATE OF N	MARYLAN	D / DEPAR CERTIF	TMENT	OF H	IEALTH DEAT	AND I	MENTAL HYGII				23
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	-		3. TIME OF DEATH	
LOUIS	0.	HOI	LLAND					MONTH 3	DAY	YEAR 1993	1:19	Рм
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		6. BIRTH	PLACE (State or Fon	oign
215-05-9364	1 💢 M 2 🗌 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year, 10–15–19		Countr	Md	
9s. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,	TOWN (OR LOCATIO	ON OF DE	ATH	9c. COL	NTY OF D	EATH	
SINAL HOS	SPITAL			BAI	TI	MORE	CI CI	TY				
10e. STATE 10b. COUNT	Υ		19c. CIT	Y, TOWN OF	LOCAT	TION	_				10d. INSIDE CITY	
Md			Balt	imore							LIMITS?	10
10e. STREET AND NUMBER	-				101	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
3312 W. Garrison A	Avenue					21215)		U	SA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ARMED NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.)							ACE — American Indian, lack, Whits, atc. pecifyBTaCK			
15. DECEDENT'S EDU (Specify only highest grade	CATION COMPOSITORS	16a	DECEDENT'S	USUAL OCC	UPATIO	ON		16b. KIND OF	BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12) 5th	College (1-4 or 5 +	,	(Give kind of work done during most of working life. Do NOT use retired.)									
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle, Meld	ien Syrneme)			
John Thomas							e Ho1		our comments)			
19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street s	nd Number	or Rural F	Route Number, City or	Town, State, Zi	p Code)		
Dorothy Vaughn			3312	W. Gar	risc	on A	venue	Baltimore	, Md 2	1215		
20a, METHOD OF DISPOSITION 1	ether place) DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue												
23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel	complications the List only one ceu	csused the	death. Do n	ot enter t	he mo	de of dyi	ng, suci	es cardiec or re	spiratory ar	rest,	Approximet interval Bet Onset and	ween
disease or condition resulting in death)	Arter				rd	iova	scu	lar Dis	ease			
	DUE TO	OR AS A COL	NSEQUENCE OF	3 :								

equentially list conditions, sny, leading to immediate use. Enter UNDERLYING USE (Disease or Injury et initiated events suiting in death) LAST	{	c	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):		
RT II. Other significant con	nditio	d	ntributing to deeth but not resulting in the underlying ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 VES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation

1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

els of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

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2	140
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S	i
5	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	6
_	-
	200
	CONTRACT TO STATE

		vergie	F
		4. SOCIAL SECURITY NUMBER	5. :
용		238 01 1770	1 [
S S	~	9a. FACILITY NAME (If not institution, give st	
2,3	ē	Franklin Squa	re
permit. Pages 1, 2, 3 should	FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	
8	뜸	Md. B	al
, E	7	10e. STREET AND NUMBER	
1sit p	ER/	36 Diahedral Dr	i
physician. burial-transit	S	11. MARITAL STATUS	12.
phys burit	F	1 Never Married 2 Merried	
ending as the	ВУ	¥ Widowed 4 □ Divorced	
r atter	BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	COM
for tall or	Ë	Elementary/Secondary (0-12)	Co
the hospitz detached	₹		
the det	8	17. FATHER'S NAME (First, Middle, Last) Edward Wa	+
ad be at	B		10.
should should	2	Dennis W. Jones	
ay be rel page 5:	[]		
may or, pe		20a, METHOD OF DISPOSITION 1 Burtal 2 Cromption 3 □ Remo	val
direct of		4 Donation 6 Other (Specify)	4
m. P.	- 3	21. SIGNATURE OF EUNERAL SERVICE ASS	ENS)
EALL IN ORE, MARY LAND ZIZIS-0000 et death. Page 6 may be retained by the hospital or attending physical the funeral director, page 5 should be detached for use as the burial examiner must be notified at once.		Jechany	1
For the Corp. 5, F.C. BOX 80.700, BALLIMORE, MARTLAND ZIZIS-ULKE is aw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra Dept. of Health and Mential Hyglene prior to burial, cremation, or removal.		23. PART i. Enter the diseases, of o	
hour led In		shock, or heart failure to	lat
In 24 fill pation the		disease or condition resulting in death)	
with with crem		resulting in death)	-
cuted d cor urial,	z	Andread and some).
an an unit to b	임	Sequentially list conditions, if any, leading to immediate	_
ate b prior	2	CAUSE (Disease or injury	£
othe plant	TF	that initiated events	
ath contends	H	resulting in death) LAST	l,
Ment al	0	PART ii. Other significant conditions	a co
and in in	8	Alzheimers	-
igned the sale of sale		Aiznetillers	
requi	AN: MEDICAL CERTIFICATION		
	AN	25. WAS CASE REFERRED TO MEDICAL	_
TENDING PHYSICIAN: The STOR: After this certificate hatter death with the State (28 is marked, or Item	S	EXAMINER? 1 YES 2 NO	HC
SICIAL Certification	¥	27. MANNER OF DEATH	
The with the contract of the c	=	1 Natural 5 Pending	
After death	6	2 Accident Investigation 3 Suicide 6 Could not be	
TEN TOR:	윤	4 Homicide determined	
DR AI DIREC OURS	9	29a. CERTIFIER	
TAL C	MP	(Check only	
TO THE HOSPITAL DO ATTENDING PHYSICIAN: THE TOT THE FUNEAL DIRECTOR: After this certificate I be flied within 12 hours after death with the State IMPORTANT: If item 28 is marked, or item	TO BE COMPLETED BY PHYSICI	2 MEDICAL EXAMINER	- 01
ORT VERY	핊	THE SIGNATURE AND TITLE OF CERTIFIER	
5 5 % W	01	famount to	M
	-		00
		Timothy Kamp, M	D
		31. DATE FILED (Magh), Day, Year)	
		a. T 3 1333	- 1

	1 - FOR REGISTRAR	STATE OF N	IARYLAND /	DEPAR	TMEN	T OF H E OF	EALTH DEAT	AND N	MENTA	L HYGIE		9	3	0739	95
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY			IME OF DEATH	
	Vergie	Mae		HOWAF	RTH				Mar			993		1:42	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las		IF UNDE	R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		-		E (State or Foreign	n
	238 01 1770	1 🗆 M 2 🟋 🖹	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Api	ril 2	3, 1	906~		olina	
1	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN (R LOCATIO	N OF DE	ATH		_	OUNTY O			
OR	Franklin Squa	re Hospi	tal			I	Rossv	ille	•			Balt	imos	co	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			T 40 - 0000		OR LOCAT						Dart	-		
DIRECTOR		Baltimore		IOC. CITY			River	•						. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER						ZIP CODE				20.1	OFICE	_	COUNTRY?	,
FUNERAL	36 Diahedral D	rive				1.00		220			109.		SA	COUNTRY	
N	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF	F HISPAN	IC ORIGI	N? (Specify)	es or No-			American Indian,	
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W		NO		if yes, sp	2 NO	Mexicar Specify	n, Puerto	Rican, etc.)	00 01 110	В	lack, Wh	ita, atc.	
ВУ	3 Widowed 4 □ Divorced						, Adam	opeon).				"	pacity.	White	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	/G	CEDENT'S	vork done	during mo	ON st of working	7	162	. KIND OF B	USINESS	INDUSTR	Υ		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+	Mu	wner-	e retired.)					Taxi	Cah				
COMPLETED	10			WIIGT -	-ope	1 000									
	17. FATHER'S NAME (First, Middle, Last) Edward Wa	atford					18. MOTH		ME (First, Iren	Middle, Maide		•)			
B	19e. INFORMANT'S NAME (Type/Print)					N. Berner									
2	Dennis W. Jones	Grand	son	92()4 R	ambl	e Bro	or Hural H	Road	Balt	wn, State, imor	e M	arv.	land 212	236
	20a, METHOD OF DISPOSITION		20b. PLACE						DAT			— City or			
	1 Burlal 2 Cremetion 3 Remo	oval from State	Meado							/93 H					
	21. SIGNATURE OF EUNERAL SERVICE LES		11		_	NAME AP	D ADDRES	S OF FAC	AI IIA	, ,		_	-, -		_
- 1	Auchard"	2006	M/							eral					
	20 DEST L Sales to Colors of	-6/11				140	7 Eas	terr	a Av	e. Ba	ltim	ore,	Md.	21221	
	23. PART i. Enter the diseases, of c shock, or heart failure	Ciat only one cau	se on each line	HIII. DO N	ot ente	r tha mo	de of dylr	ng, such	as can	diac or rea	piratory	arrest,		Approximata intervai Between	reen
	disease or condition													Onset and De	eath
	resulting in death)	- Urosep	SIS	OHENCE OF											
-		502.10	OII AG A CONGE	GOLINGE OF	1.								i		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE OF	7):				_						
SA	cause. Enter UNDERLYING														
Ē	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	QUENCE OF	7):										
E	resulting in death) LAST	d													
	PART ii. Other significant condition	a contributing to	death but not r	neulting i	n the w	nderlyin	COLLEGE CO	henn in I	Dort I	24a. WAS /	N ALITTON	ev L	T NATE OF THE PARTY OF THE PART	E AUTOPSY FINDIN	
8	Alzheimers			t and the second	ii die d	i deriyini	, cause g		ant i.		DRMED?	31	AWAI	LABLE PRIOR TO IPLETION OF CAUS	277
	Arznenners_								-	1 TYES	2 X NO			DEATH?)C
Σ									- 1				1 [YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					20 84	ACE OF DE	ATM ACL							
Sici	EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outputtont 2	7 204	OTHE	R:									_
Ä	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. TIME	E OF	28c. INJ	o 5 🗆 Res	Idence		SCRIBE HOW	INJURY	OCCURED	,		$\overline{}$
	1 Natural 5 Pending	(Month, Di	ly, Year)	ILINI	URY M		RK? 'ES 2 🗌	NO							
) BY	2 Deviate	28e. PLACE O	INJURY — Al ho	me, farm, s	treet, fac	tory, office			26f. LOC	CATION (Street	t and Nun	nber or Rur	ral Route	Number,	
3 Suicide 4 Homicide 5 Could not be determined 286. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 286. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 286. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 286. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 286. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 287. LOCATION (Street and Number or Rural Route Number or Rural Ro															
2 F	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the bast of	my knowledge, de	ath occurre	d at the	lime, date	and place	and due	to the co	use(a) and m	anner ee	stated			
MO	, ,	R: On the basia of as											e(a) and	manner as states	d.
- 11	296. SIGNATURE AND TITLE OF CERTIFIER					1	29c. LICEI			n 1	_			th, Day, Year)	
H	Lorosta to	MA					NH	12	7/		•	3/	18	(13	
2	20 NAME AND ADDRESS OF BERSON WAS	COMPLETED CAUS	F OF DEATH #77		0.1.0		U	- 0	U X	1		4/	0/	1-	

600 N. Wolfe Street
32. REGISTRAR'S SIGNATURE
Julia Davidson-Rondale

Balto. MD 21205

, revi >0 Profities Mitte Delle M. Davi In the contract contract contract THE ATT THAT HERE TO THE CONTROL OF THE PARTY OF THE PARTY. e consultant se una gladiga en en en en In a second seco

5. SEX

1 🛛 M 2 🗌 F

PHILIP

6. AGE (In yrs. lest birthday)

49

APT.

3. TIME OF OEATH

8. BIRTHPLACE (State or Foreign Country)

Maryland

PRINCE GEORGE

4:35 P

2. DATE OF DEATH MONTH

3 1

7. DATE OF BIRTH (Month, Day, Year) 07/30/43

15

1.993

9c. COUNTY OF DEATH

3 should

ď

EDWARD

4. SOCIAL SECURITY NUMBER

212-44-3598

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street end number)

6118 BREEZEWOOD COURT

HURLEY

WONTHS

302

IF UNDER 1 YEAR | IF UNDER 24 HRS

HOURS

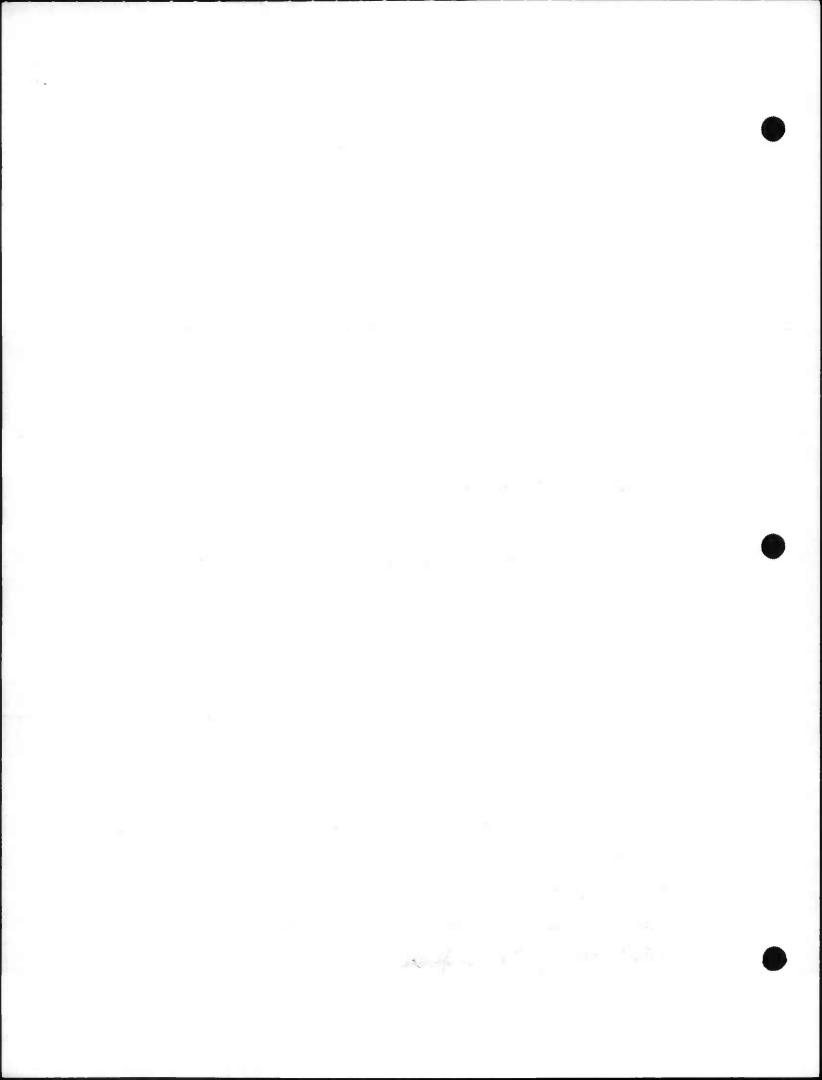
GREENBELT MARYLAND

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

	Sec	l m	10e. STATE	10b. COUNT	Υ		10c. CITY, TOWI	OR LOCAT	TION				10	d. INSIDE CITY
	52	DIRE	Maryland	Prin	ce Georges		G	reen	belt				1	LIMITS? YES 2 K NO
	n nec	AL.	10e. STREET AND NUMBER		8-2				. ZIP CODE			10g. CITIZE		T COUNTRY?
	n. ansit p	FUNER.	6118 Bree	zewoo	d Court A	pt.	£302		2077	70			JSA	
5-0020	or attending physician. Ir use as the burlal-transit permit. Pages	B≺	11. MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Divo		12. WAS DECEOENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA	TES	AED 1	If yee, sp	ENDENT OF HISPA ecity Cuben, Mexica 2 NO Special	an, Puerio	N? (Specify Yes Ricen, etc.)	or No 1	Specify:	American Indian, White, stc.
215	attend se as	요		EOENT'S EDU	ICATION	16a. DE0	EDENT'S USUAL	OCCUPATIO	ON	168	. KIND OF BUS	INESS/INDU:		WILLE
21	for u	LETI	Elementery/Secondary (0		College (1-4 or 5+)	life.	e kind of work dor Do NOT use retired	e during mo !.)	st of worlung					
RYLAND	retained by the hospital or atti 5 should be detached for use notified at once.	COMPI			4 years	Cor	nputer	Pro	gramer		Freela	ance	Com	puter Worl
LA	the hose detach	8	17. FATHER'S NAME (First, M						16. MOTHER'S NA	AME (First,	Middle, Maiden S	Sumame)		
RY	uld be	B			stav Hurle						Dorot			idt
MA	5 should notified	2	19a. INFORMANT'S NAME (1						nd Number or Rural					
		. 1	Ethel D. 1											,Md 21201
AORI	e 6 ma rector, p must		1 Buriel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	noval from State 20b.	etery, crer	nd DATE OF DISP	osition/Na atory	y, Inc.	3 /	17 Bal	Lto.,	MD	State 21228
			21. SIGNATURE OF FUNEBA	L SERVICE LI	CENSE! All		2	2. NAME AN	ID ADDRESS OF FA	CILITY				
AL	after death. y the funera moval. ical examil		George	E. M	acNabb		0.0	oo r	tion So rederio	ocie	ty or	Ma,	TIC.	
•	E 3 4	- 1	23. PART i. Enter the di	iseeses, or	complications that caused	the dec	th. Do not ent	er the mo	de of dving, suc	h es cen	diec or respir	atory arres	MU	21228 Approximate
	D S E		shock, or he IMMEDIATE CAUSE (Fir	eart fellure.	List only one ceuse on ea	ech iine.			,,,				~,	interval Between Onset and Death
			disease or condition		conmer.	0.1	1 1 22 100	- 1.	OUM .	TO 1	L-20.0			Chact and Double
60,	completely ial. cremati event, t		resulting in death) - eCo MSET GULLINGT WOUND TO HODD											
(68760	and co bunia	RTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
BOX	physician ne prior t	₹ I	cause. Enter UNDERLY	ING	c.									
0.	nding phy Hygiene or other	E	CAUSE (Disease or injuthat initiated events		OUE TO (OR AS A	CONSEO	UENCE OF):							
	e Tage	CER	resulting in death) LAS		d									ļ Ļ.
DS,	Me Me	- 11	PART II. Other significa	nt condition	ns contributing to deeth be	ut not re	suiting in the	underlying	ceuse given in	Part I.	24a. WAS AN /	WTOPSY	24b. WE	RE AUTOPSY FINDINGS
ORI	and by he and he and is	DICAL									PERFORM		AM	AILABLE PRIOR TO MPLETION OF CAUSE
EC.	Sign Sign	MED								_	1 DYVES 2	□ NO		DEATH?
æ	> 0 -									_			1 '9	ų res z □ no
M	icate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					ACE OF DEATH (Ch	eck only or	10)			
		S	1 XYES 2 NO		HOSPITAL: 1 Inpatient 2 ER/Output	ntient 3	DOA 4 N		■ 5 X Residence	6 Othe	r (Specify)			
OF	2 0 =	E	27. MANNER OF DEATH		28e. OATE OF INJURY (Month, Day, Year)		28b. TIME OF	28c. INJI	URY AT RK?	28d. DE	CRIBE HOW IN	JURY OCCU	RED	
Z	NUING PHYS I: After this c r death with is marked,	B		Pending Investigation			М	1 🗆 Y	ES 2 NO	SEL	F INFI	ICTE	D GI	JNSHOT
SION	DR: After frer death	8		Could not be	26e. PLACE OF INJURY building, etc. (Speci	— At hon	ie, farm, street, fa	ctory, office)	281. LOC City	ATION (Street or or Town, Stete)	nd Number or	Rural Route	Number,
DIVIS	DIRECTC hours aff			ostarmined	8116 BF	REEZ	EWOOD	COUL	RT #302	G	REENBE	LT M	IARYI	AND
	A P D	AP.	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of my knowle	edge, des	th occurred at the	time, deta	and place, and due	to the cer	se(a) and menr	ner as stated		17.40
	TO THE HOSPITAL OH AND TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2	COMPLET	one) 2 MEDI	ICAL EXAMINE	R: On the basis of examination	and/or Ir	vestigation, in my	opinion, de	eath occured at the	time, dete	end place, and	due to the	cause(e) en	d manner ee stated.
	# # B B	ш	299 SIGNATURE AND TITLE	OF CERTIFIE	R () a				29c. LICENSE NUI			29d. DATE S	SIGNEO (Mc	onth, Day, Year)
	2 6 3 ₹	10 B	munici	neyo	ill				OCM	E		▶3	16	1993
			30, NAME AND ADDRESS OF		O COMPLETED CAUSE OF OEA		, , , , , , , , , , , , , ,							
			A Machania				Penn S	tree	et, Bal	timo	ore, M	Maryl	.and	21201
			31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S SIGNA	TURE								

hie Tavido

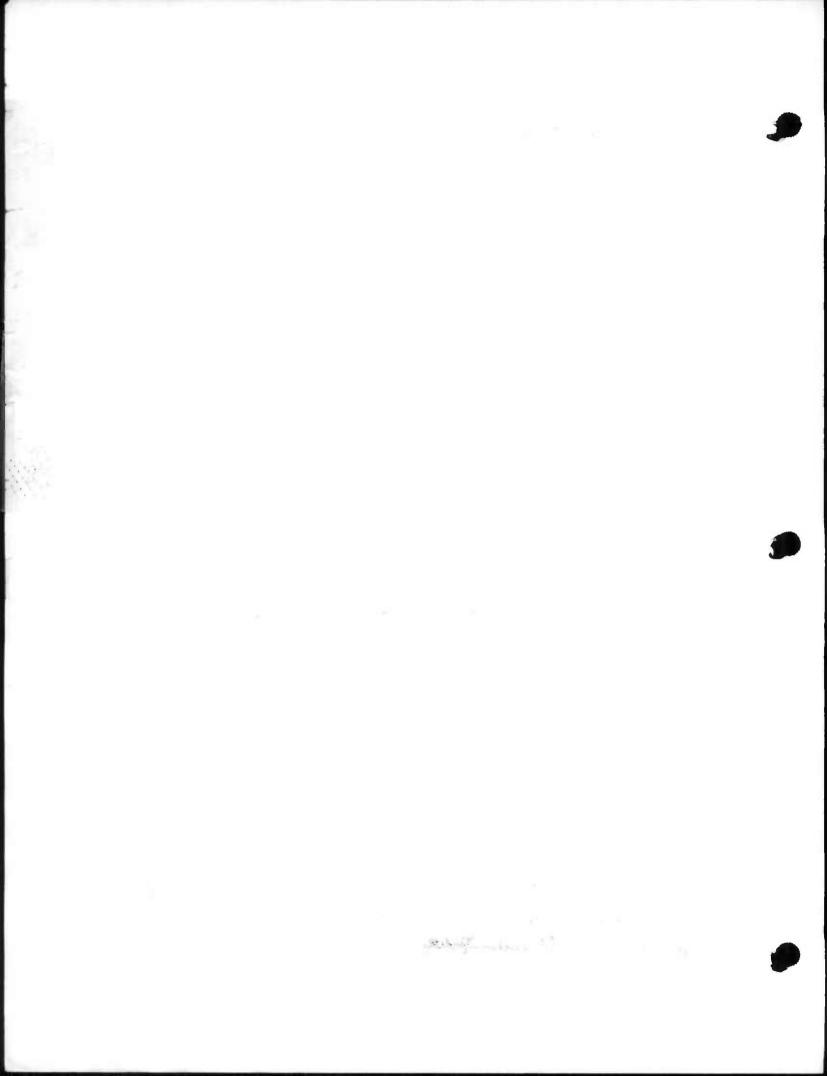


BALTIMORE, MARYLAND 21203-3146

1 -

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1. OECEDENT'S NAME (First, Middle						2. DATE OF C	DAY	YEA	3. TIME OF DEATH			
	HAZARD, FR	ANCES M. /	FRANCES	MA!	E HAZ	ARD	03	16	93				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF B		8. BIRTHPLACE (State or Foreign Country)				
ĺ	215-07-123	32 1 M 2 X F	74	YRS.	MONTHS DAY	S HOURS MIN.	10/15/18			Maryland			
	9e. FACILITY NAME (it not institution	n, give street and number)			9b. CITY, TOV	VN OR LOCATION OF D	EATH	9-	c. COUNTY (
OR	St. Agnes	Hospital			В								
5		NT		40. 0171	TOWN OR LO	altimore				10d. INSIDE CITY			
DIRECTOR	710-200	COUNTY		10c. CITY,	TOWN OR LC					LIMITS?			
	Maryland 100. STREET AND NUMBER					Balt 101, ZIP CODE	imore		On CITIZEN	1 X YES 2 □ NO DF WNAT COUNTRY?			
FUNERAL		Λ					000		og. GITIZEN				
N N	1032 Parksle	12 WAS DECEDE	NT EVER IN U.S. ARI	MED	13 W/4 S	L DECENDENT OF HISPA	223	necify Yee or	No 14 F	USA			
	1 Never Merried 2 Merrie	FORCES?	1 YES 2 XN	Ö	If yes	, specify Cuben, Maxic	en, Puerto Ricen			Black, White, etc.			
В	3 X Widowed 4 Divorced	IF TES, GIVE	WAR OR DATES		'"	YES 2 NO Speci	y:		· ·	Specify: White			
COMPLETED	15. DECEDENT	r'S EDUCATION st grade completed)			SUAL OCCUP	ATION most of working	18b. KIN	D OF BUSINE	ESS/INDUSTR				
	Elementery/Secondary (0-12)	College (1-4 or 5	Him	Do NOT use	retired.)	Those of working							
MP	8th		I	Iomer	naker			1	Home				
8	17. FATHER'S NAME (First, Middle, I					18. MOTHER'S NA							
BE	Will:		1900						Sobe				
6	19e. INFORMANT'S NAME (Type/Pri					eet and Number or Rural							
	Frances L.	Sadler				sley Ave				e, MD 21223			
	20e. METHOD OF DISPOSITION 1 Burlai 2 Tormettory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State												
ĺ	Cremation Society of Md., Inc.												
	George	e E. MacNa	abb		299	Frederi	ck Ro	ad Ba	alto.	, MD 21228			
	23. PART I. Enter the disess shock, or heart f	es, or complications thatiums. List only one co			ot enter the	mode of dying, su	ch ss csrdiac	or reapirat	ory srrest,	Approximats Interval Between			
IMMEDIATE CAUSE (Finel													
	diseese or condition resulting in death)	Atelec	tasis, lu	ungs.									
O	Sequentisity list conditions,	b. Mucopu	rulent to	rache	obrono	chitis							
IA	ceuse. Enter UNDERLYING Metastatic squamous cell Carcinoma, lung.												
FIG	CAUSE (Diseese or injury that initiated events		O (OR AS A CONSEC			our or money	,						
H	resulting in deeth) LAST	d.											
5	PART ii. Other significant co	anditions contributing t	o deeth but not r	anulting is	the under	iulaa sausa ahaa is	Port I 24	. WAS AN AU	TOREY	24b. WERE AUTOPSY FINOINGS			
MEDICAL CERTIFICATION	PART II. Other significant co	diditions contributing i	o deem but not n	escittig ii	i the diden	lynig cause given n		PERFORME	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ă							— 1 B	YES 2	NO ON	OF DEATH?			
-							— i			1 X YES 2 - NO			
AN	25. WAS CASE REFERRED TO MED	DICAL			2	6. PLACE OF OEATH (C	heck only one)						
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3		OTHER:	Home 5 - Reeldence		anally)					
×	27, MANNER OF DEATH	28e. DATE (F INJURY	28b. TIME	OF 280	. INJURY AT	T		URY OCCURE	D			
27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 280. DEŞCRIBE HOW INJURY OCCURED WORK?													
	Terroret Income	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO											
BY	2 Accident Invest	Igetion 28e. PLACE	OF INJURY - At ho	me, farm, a	traet, fectory,	office		n, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
BY	2 Accident Invest	getion 28e. PLACE pulldin	OF INJURY — At ho g, etc. (Specify)	me, farm, a	traet, fectory,	office			Number or H	ural Route Number,			
BY	2 Accident Invest 3 Suicide 6 Could 4 Homicide deter	getion 28e. PLACE buildin	g, etc. (Specify)				City or To	own, State)		ural Route Number,			
BY	2 Accident Invest 3 Suicide 6 Could 4 Momicide 6 Cartifier 29e. CERTIFIER (Check only	not be nined 28e. PLACE buildin	g, etc. (Specify) of my knowledge, de	ath occurre	d at the time,	date end place, and du	City or To	own, State)	or as stated.	ural Route Number,			
COMPLETED BY	2 Accident Invest 3 Suicide 6 Could 4 Momicide 6 Cartifier 29e. CERTIFIER (Check only	getton not be nined 28e. PLACE buildin G PHYSICIAN: To the best EXAMINER: On the best of	of my knowledge, de axamination and/or i	ath occurre	d at the time, n, in my opinic	date end place, and du	e to the cause(a	own, State) a) and menne I place, end c	or as stated.				
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could dater 29e. CERTIFIER (Check only one) 2 MEDICAL 1	getton not be nined 28e. PLACE buildin G PHYSICIAN: To the best EXAMINER: On the best of	g, etc. (Specify) of my knowledge, de	ath occurre	d at the time, n, in my opinic	date end place, and du on, death occured at th 29c. LICENSE No.	City or To	own, State) a) and menne I place, end c	or as stated. due to the ce	uea(e) and manner as stated.			
E COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could deterr 29e. CERTIFIER (Check only one) 2 MEDICAL I	getton not be hined 28e. PLACE buildin G PHYSICIAN: To the best examiner: On the best of ERTIFIER RETURN	of my knowledge, de axamination and/or l	ath occurre	d at the time, n, in my opinio	date end place, and du	City or To	own, State) a) and menne I place, end c	or as stated.	uea(e) and manner as stated.			
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	_	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA	MENT OF H	EALTH AND DEATH		HYGIENE REG. NO.			01000
		1. DECEDENT'S NAME (First, Middle, Last) Virginia	L. Ha:	re			2. DATE OF	DEATH	1993 YE	AR 3.	TIME OF DEATH 5:00 P
		4. SOCIAL SECURITY NUMBER 212-22-2503	н.	yrs. lest birthday)	UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BIRTH Day, Year)	8.1	BIRTHPL.	ACE (State or Foreign
mit. Pages 1, 2, 3 should	стоя	90. FACILITY NAME (If not institution, give st 3042 California A		91		ltimore	EATH		9c. COUNTY	OF DEAT	
	DIREC	Maryland 106. COUNTY	Baltimore	10c. CITY, T	own or locat Balti						d. INSIDE CITY LIMITS?
sit permit.	JAE	100. STREET AND NUMBER 3042 California A	lue	<u>-</u> -	100	ZIP CODE	1/4		10g. CITIZEN	_	T COUNTRY?
(E.) MARYLAND 21215-0020 by be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit be notified at once.	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U	2.X.NO	If yes, spe	ENDENT OF HISPA ecity Cuban, Mexico 2-1 NO Specifi	NIC ORIGIN? (en, Puerto Ric	Specify Year an, atc.)		RACE Black, W	American Indian, Thita, atc. White
	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	6a. DECEDENT'S USI (Give kind of work We. Do NOT use re	done during mo tired.)		JSINESS/INDUSTRY				
	E COMPL	NA 17. FATHER'S NAME (First, Middle, Lest) Emmit Minor	NA NA		Glenn L. Martin 16. MOTHER'S NAME (First, Middle, Melden Surname) Hattie E. Lloyd						
	TO B	196. IMFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Ca 3042 California Ave., Baltimore, Mo								. 21	
Te do H		20. METNOD OF DISPOSITION 1 LA Burial 2 Cramation 3 Remo 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	wal from State Comete MO1	LACEAND DATE OF D	morial				ation — city Ltimor		
EAL III ther death. P. the funeral oval. al examine		O teals Q.	Sobol		Schin 3331	munek Fu Brehms	neral	Balti	more,	Md.	21213
records of the state of the sta	ERTIFICATION	23. PART I. Enter the diseases, or depote the second shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	enter the mo-	de of dying, suc	h as cardia	c or reepin	mtory errest,		Approximate interval Between Onset and Deatl
	MEDICAL C	PART II. Other significent conditions	contributing to death but	not resulting in ti	he underlying	ı cause given in		Be. WAS AN A PERFORM	EO?	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN: The law certificate has be the State Dept.	SICIAN		HOSPITAL: 1 Inpatient 2 ER/Outpati		THER:	ACE OF DEATN (Ch					
this with	ВУ РНУ	27. MANNER OF DEATN 1 Astural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU WO	JRY AT			JURY OCCURE	D	
OR ATTENDING I DIRECTOR: After nours after death tem 28 is mai	ETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	it, factory, office			ON (Street an fown, State)	d Number or R	urai Route	Number,
4 4 2 F	COMPL	one) 2 MEDICAL EXAMINER	EIAN: To the best of my knowled t: On the besis of examination a							use(s) an	d manner as stated.
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE	296. SIGNATURE AND TITLE-OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OFATI	OTEM 27 (Sine Brief	un	29c. LICENSE NUI			29d. DATE SIG	INED (MO	onth, Day, Year)
						, Md. 2	1234				
		Dr. Michael Ro, 31. DATE FILED (Month, Day, Year) MAR 1 9 1993	32. REGISTRAR'S SIGNATI	THE THE							

ITEMS: 23 PART I, 27, PER MEO G-698 4/8/93 t.t

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		1 - STATE REGISTRAR	STATE OF I	MAKYL	AND /	RTIF	ICAT	OF H	DEA	AND I	MENTA	REG. NO.			
)		1. DECEDENT'S NAME (First, Middle, Last) KENNETH			F	AIS	ON	JEN	NIN	GS	2. DATE MONT	OF DEATH		3. TIME OF DEATH	м
-		4. SOCIAL SECURITY NUMBER	5. SEX 1 🔀 M 2 🗌 F	6. AGE	(In yrs. lest	birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS.	(Mont	OF BIRTH th, Day, Year)		BIRTHPLACE (State or Foreign Country) M.D.	n
3 should	N.	9a. FACILITY NAME (If not institution, give		TON	HOC	D			ME A	10 - 30			9c. COUNT	Y OF DEATH E ARUNDEL	
Pages 1, 2,	ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		1.1. Y	HOS		Y, TOWN		MEA	DE			AININ	10d. INSIDE CITY	=
permit. Pag	AL DIR	MD 100. STREET AND NUMBER				В	alt.		E ZIP COD					LIMITS?	
is.	E	324 E. 20th St			21218							U.S.A.			
attending physician.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2XDNC	2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.									
al or atte	APLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 9th		+)	(Give	Sa. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) LINEMPLOYED							TRY		
2 2 2	COMPI	17. FATHER'S NAME (First, Middle, Last)				- CARA	11.17	71.	18. MOTI			Middle, Maiden			
s should be a	TO BE	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING	AOORES	S (Street a				JENNI ber, City or Town		ode)	_		
g g p	F	LOIS M. JENNIN	NGS	206	3 D. PLACE AN					REET				MD 21218	
Page 6 may all director, pag		1 Burial 2 Crametion 3 Ran 4 Donation 5 Other (Specify)			ALTI		ther place)	EME'	rery		OAT			ORE, MD	
death. funera		21. SIGNATURE OF FUNERAL MIRVICE LI	to t	-4	me	_			MAR			./110	1 E.	NORTH AVE.	
ed within 24 hour completely filled is all cremation or event, the me	NO	23. PART i. Entar the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	CARDIAC CONGENI DUE TO	TAL O(OR AS A	ABNO	MIA RMAL JENCE O	DUE ITY F):	TO M	1 Y O C A	RDIA	L FI	BROSIS	DUE	Interval Between	
ath certificate be ttending physician al Hygiene prior t or other traur	CERTIFICATION	if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST											4		
that the ed by the h and M any Inj	MEDICAL (PART II. Other significant condition	ns contributing to	deeth b	out not res	sulting	In the ur	iderlying	ceuse g	iven in i	Part I.	24a. WAS AN PERFOR 1 XYES 2	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 📉 YES 2 🗌 NO	
law bept. 23 s	CIAN:	25. WAS CASE REFERRED TO MEDICAL												12,120 1 110	
HAN: The riffcate he State	S	EXAMINER?	HOSPITAL:	ER/Outp	patient 3	DOA	OTHER	₹:	S Ra						_
PHYSIC this ce with th	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28s. DATE OF (Month, D			26b. TIM INJ		28c. INJU	JRY AT		_	SCRIBE HOW IN	JURY OCCUP	RED	
DR ATTENDING DIRECTOR: After nours after deatf	TED	3 Suicide 6 Could not be determined	28a. PLACE O building,	otc. (Spec	— Al homo	e, farm, s	street, fact	ory, office			26f. LOC City	ATION (Street a or Town, State)	nd Number or	Rural Route Number,	
政権を	COMPLI	one) 2 MEDICAL EXAMINI												ause(a) and mattner as stated	1.
THE FUNEY TO THE FUNEY BE filed within IMPORTANT	TO BE	296 BIGHATURE AND TITLE ON CERTIFIE	Shull)						CME	BER		29d. DATE S ▶ 3	IGNED (Month, Day, Year) 16 199	3
Ca.		MARGONIO D-	LORSY !					tre	et,	Bal	tim	ore,	Mary]	and 21201	L
2		MAR 1 9 1993	Jena David	A'S SIGN	TURE	5									

BALTO

9c. COUNTY OF DEATH

3. TIME OF DEATH 5:50

P

MD

2. DATE OF DEATH

March 17

7. DATE OF BIRTH (Month, Day, Year)

8/16/1899

1992

Ressie

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

216-14-8433

Jones

5. SEX

1 🗌 M 2 🗶 F

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Bessie Branch Jones

YRS.

6. AGE (In yrs. last birthday)

BALTIMORE, MARYLAND 21215-0020

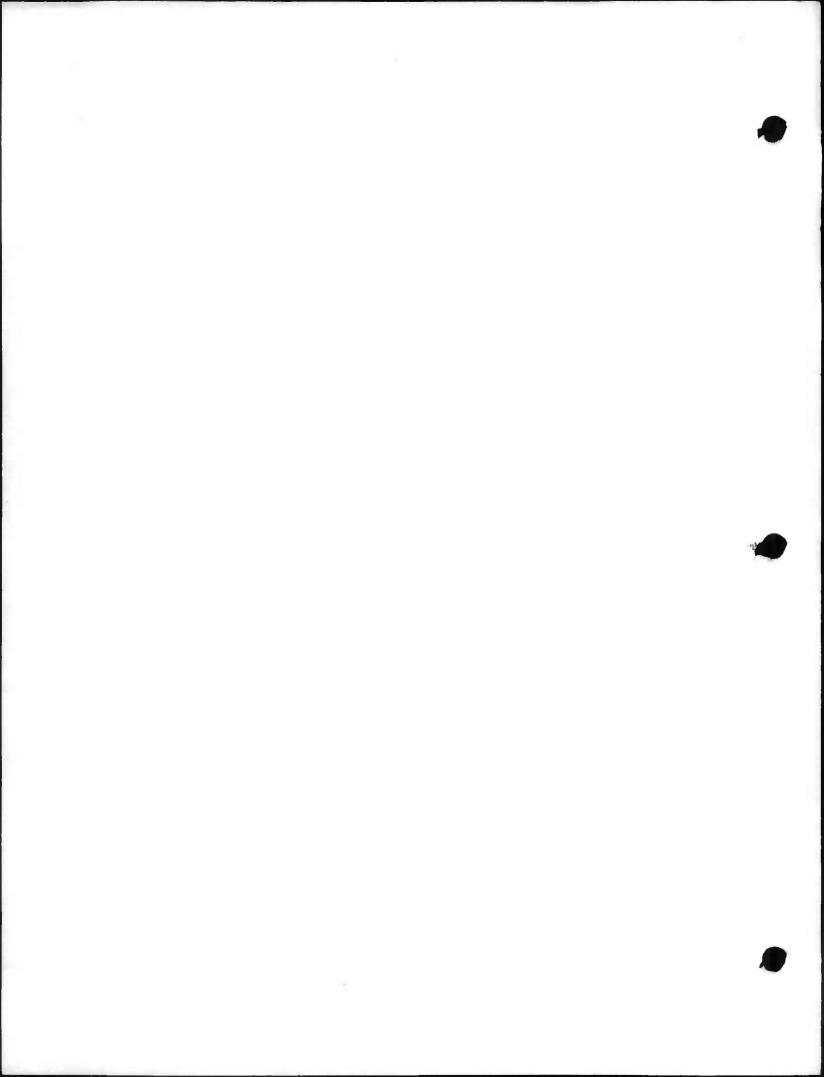
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DIRECTOR Maryland General Hospital Baltimore CIty permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? hours after death. Page 6 may be retained by the hospital or attending physician. and in by the funeral director page 5 should be detached for use as the buriat-transit t ARLINGTON AVENUE 701 N. 21216 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 X Widowed 4 Divorced **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Given kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during mo life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) notified at <u>Lonnie Branch</u> BE Nellie Culley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Milton Branch. 3523 White Chapel Balto., Rd. MD21215 pe 20a. METHOD OF DISPOSITION
1 1 Burial 2 Cremation 3 Pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE must 1 Burial 2 Cremation 3 L 4 Donation 5 Other (Specify) Arbutus Memorial Park Arbutus, Maryland medical examiner HE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE removal. 23. PART I, Enter the disea or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ure. List only one ceuse on each line. ock, or heart fai Interval Betw 0 filled IMMEDIATE CAUSE (Final Onset and Death completely filled trial, cremation, the disease or condition event, Cardiopulmonary arrest resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial. Congestive heart failure traumatic CERTIFICATION and Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate the attending physician e. Enter UNDERLYING CAUSE (Disease or Injury other **OUE TO (OR AS A CONSEQUENCE OF):** that initiated events resulting in death) LAST 6 Mental Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY PERFORMED? has been signed by Dept. of Health and any pelvic cancer 1 YES 2 NO DF DEATH? shows : Gastro intestinal bleed 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item this certificate h HOSPITAL: OTHER: 1 YES 2 ND ent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) OR ATTENDING PHYSICIAN: 0 27. MANNER OF DEATH 28a. OATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY Affer death Investig 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be determined FUNERAL DIRECTOR: 4 Homicide 28 Item ; 29s. CERTIFIER

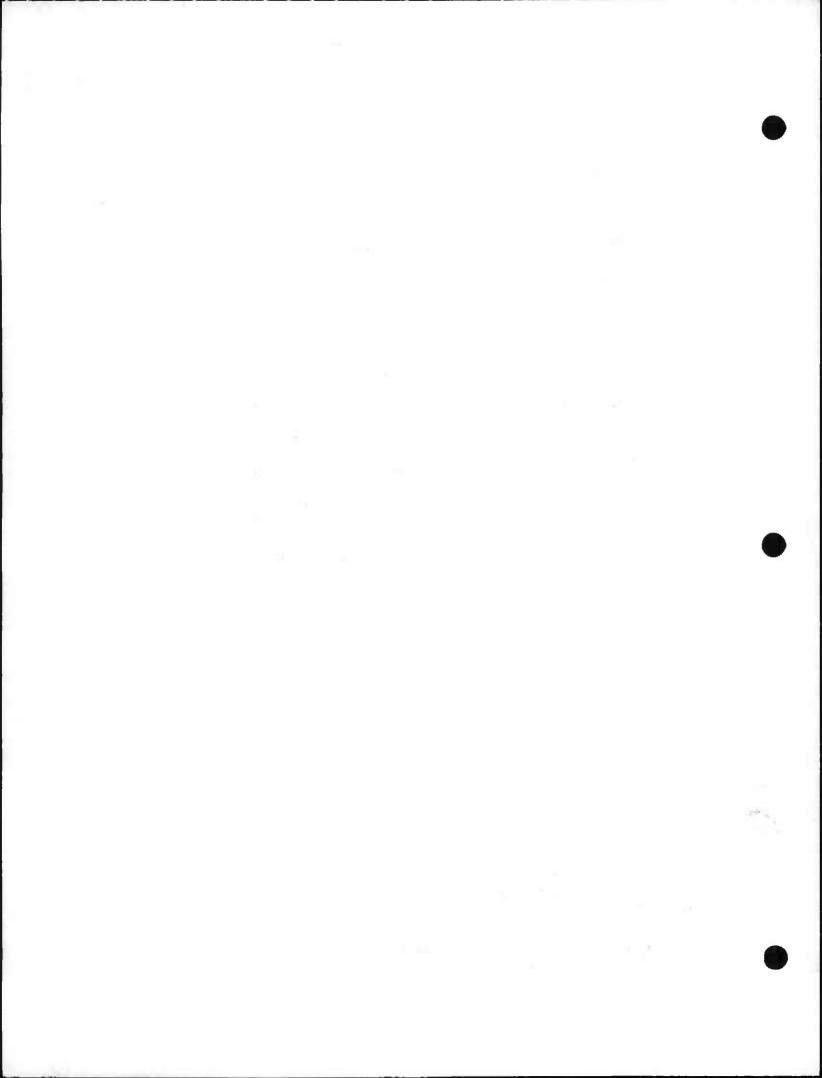
1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. COMPL (Check only one) IMPORTANT: 11 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 286. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 포포 3 n/a 23 2 CETED CAUSE OF DEATN (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO CO Sanjay Pethkar, M.D. c/o Maryland General Hospital 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 9 1993 DHMH-16 Rev 1/89

within executed 2 certificate death requires that the MP The



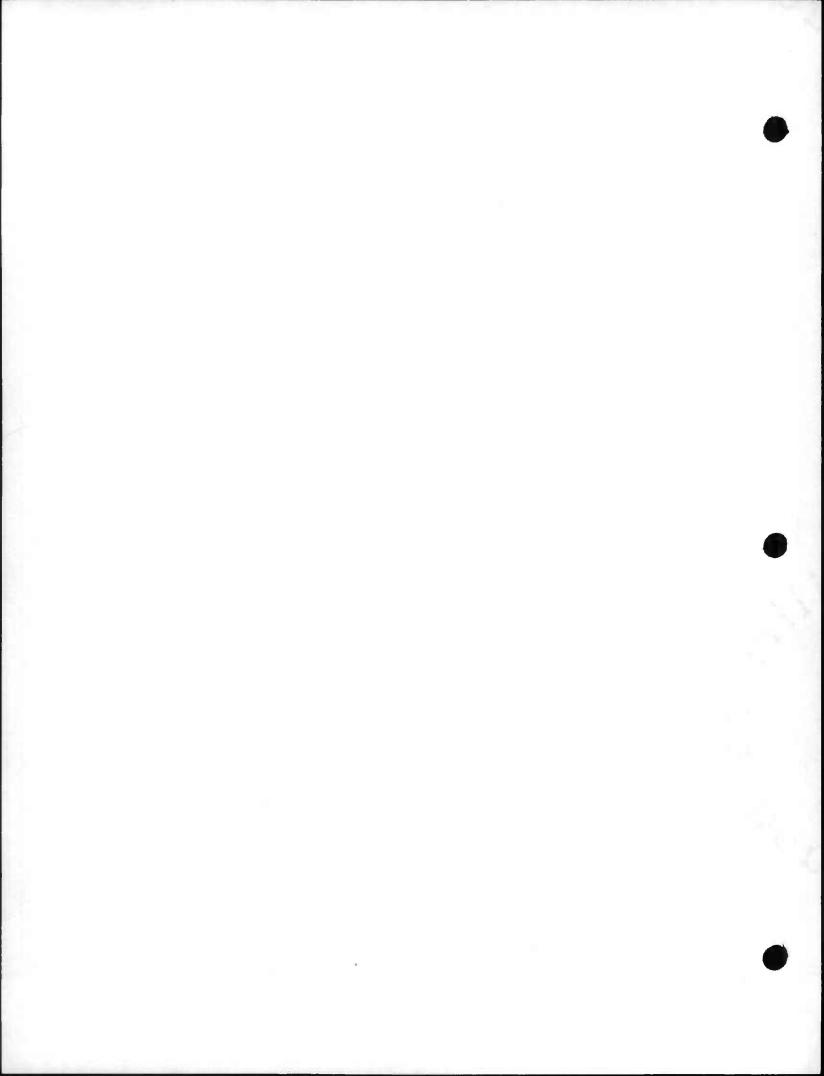
TO THE HOSTILL IT TO PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	TO THE FUNE ACCOUNT A ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	be filed within 72 memory musth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	SUBDOCTANT of form 50 to marked on them 50 where to the same and the same and the same and the same as
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_		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEP/	ARTMENT OF	HEALTH AND	MENTAL HYGIEN		3 U/4	UI		
		1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY YEAR	3. TIME OF DEAT	гн		
		IVY			CKSON		03 15	1993	3:19	Рм		
		4. SOCIAL SECURITY NUMBER 0289		In yrs. last birthda	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BtRTH (Month, Day, Year)	8. BIF	THPLACE (State or Fo	oreign		
		212-28- 0089	1 M 2 F 69	YRS	9		1/26/24		gland			
	œ	9a. FACILITY NAME (If not institution, give si			9b. CITY, TOWN	OR LOCATION OF D	DEATH	9c. COUNTY OF	DEATH			
	<u>ē</u>	GOOD SAMARITAN	HOSPITAL			Towson		Balti	more			
	DIRECTOR	10e. STATE 10b. COUNTY		10c. 0	CITY, TOWN OR LOC	ATION		10d. tNSIDE				
		Maryland			Baltimor	2			LIMITS?	NO		
;	A	10e. STREET AND NUMBER				Of, ZNP CODE		10g. CITIZEN O	WHAT COUNTRY?			
	FUNERAL	1326 Walker Ave	nue			21234	1	II.S	7\			
		11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMEO	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yeen, Puerto Ricen, stc.)	e or No 14. RA	CE American Indiack, White, etc.	en,		
	BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		S 2 K NO Speci			ecify:			
- 1		15. DECEDENT'S EDUC	ATION	16a, DECEDENT	I SUSUAL OCCUPAT	ION	165 KMD OF BU	SINESS/INOUSTRY	White			
		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done during n use retired.)	ost of working	IOD. KIND OF BO	SINESS/INOUSTRY				
_ i	4	12th grade		Sal	esperson		Donal	- Ch				
at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			ester sun	18. MOTHER'S NA	AME (First, Middle, Meiden					
76	BE	John Henry Perk	n			Florence	e Perkin F	Rindor				
all a	2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street		Route Number, City or Tox					
96		William H. Jackson	on	132	6 Walker	Avenue	Baltimore	MD 21	23/1			
nst		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo			EOF DISPOSITION (CATION — City or				
E		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE MG	etro Cr	ematory,	Inc. 3	/17/93 Cat	onsvill	e, MD			
mi		01 4	01	1.		son Funer						
e -		Mistine	Appendi	K_	0527	Look De-	D11	Towcon.	MD 2129	26		
medical examiner must be notified		23. PART I. Enter the diseeses, or canada shock, or haert failure. I	omplicetions that cause on a	i tha death. Do ach ilne,	not anter tha m	ode of dying, suc	ch as cerdiac or resp	Iratory errest,	Approxima			
he m		IMMEDIATE CAUSE (Finel disease or condition							Onset and			
event, the		e. Arteriosclerotic Cardiovascular Disease OUE TO (OR AS A CONSEQUENCE OF):										
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tra	5	ceuse, Enter UNDERLYING CAUSE (Disease or injury										
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0	CERTIFICATION	resulting in death) EAST										
- 25	ا ہُ	PART II. Other algnificant condition	contributing to death b	ut not resultin	g in the underlying	ng cause given in	Part I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FI	NDINGS		
any							PERFO		AVAILABLE PRIOR COMPLETION OF C			
							1 _ YES 2	XLXIIO	DF DEATH?	₄₀		
23 sh									, , , , , , , , , , , , , , , , , , , ,	"		
item 2	SICIAN	25. WAS CASE REFERRIED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	neck only one)					
10 10	2	1 X YES 2 NO	1 Inpatient 2 ER/Outp	atlent 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Reeldence	8 Other (Specify)					
	5	27. MANNER OF CEATH 1 Vinitural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)		IME OF 28c. IN NJURY W	JURY AT ORK?	28d. OEŞCRIBE HOW	NJURY OCCUREO				
marked,	ā	2 Accident Investigation				YES 2 NO						
28 is	3	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm	i, street, factory, offi	ce	28f. LOCATION (Street City or Town, State)		l Route Number,			
E		294. CERTIFIER										
= 3	2	(Check only	IAN: To the best of my knowl							. 1		
N S	3		: On the basis of examination	end/or investigs	tion, in my opinion,	death occured at the	time, date end place, er	d due to the ceuse	e(e) and menner ee st	ated.		
IMPORTANT:		200 SOCIATURE AND TITLE OF CERTIFIER	o Ro MI			29c. LICENSE NU			D (Month, Day, Year)			
≅ €		MARE AND AGORESS OF PERSON WHO	COMPLETED CALLES OF ST	TH (ITEM 27 5	no Oriett	O.C.M	L.E.	P U3/	6/1993			
'						D. 711	3.5		21201			
	ŀ	DR. LARON LOCKE 31. DATE FILEO (Month, Day, Year)		L Penn	Street	, Balti	more, Ma	ry⊥and	21201			
		MAR 1 9 1993	JE BEGISTBAR'S SIGN	-Adapter	2							
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or :	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us he find with the State Dent, of Health and Mental Molene prior to build, cremation, or removal	ILEGEBRAIT HISTORY CONTRACTOR OF INTERNAL OF THE PROPERTY OF STATE PROPERTY OF THE PROPERTY OF
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							-			HEG. NO	•		
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH WONTH DAY 9 YEAR 8 1 5 A M 1. THE OF DEATH WONTH DAY 9 YEAR 8 1 5 A M												
						MARKS	JA	COBS)	3 15	9	93 8-15 Am	
	4. SOCIAL SECURITY NUME		5. SEX		rs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLA Country)	CE (State or Foreign
	577-03-			8,	7 YRS.			noons	anna.	9-15-1905	5		RGINIA
	9a. FACILITY NAME (If not in					9b. CITY, 1					9c. COUNT	Y OF DEATI	н
0	SINAI		PITAL			131) C	LIM	WK	6			
띮	RESIDENCE OF DEC		10c CIT	Y, TOWN OR	LOCAT	ION				100	1. INSIDE CITY		
DIRECTOR	am	-46		- 2		AUT			RF				LIMITS?
	10e. STREET AND NUMBER							ZIP CODI			100 CITIZE	. 67	YYES 2 NO
& E	3501 C	VE	TC:	2_	101.	212	15	pa .	log. Gillze	A 2.	COUNTRY		
FUNERAL	11. MARITAL STATUS						S DEC	ENDENT	- 1 O	NIC ORIGIN? (Specify Ye		4 0405	A STATE OF THE STA
	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W			14	yes, spe	cify Cuba	n, Mexica	in, Puerto Rican, etc.)	8 OF 140-	Bleck, WI	
ВУ	3 Widowed 4 X Divo	rced	IF YES, GIVE W	HH OH DATE	5	''	_ YES	2 X NO	Specify	y:		Specify: WHITE	
COMPLETED	15. DEC	EDENT'S EDU y highest grade	CATION	16	a. DECEOENT'S	USUAL OCC	UPATIO	N .		16b. KIND OF BU	SINESS/INOU:	STRY	
ᄪ	Elementary/Secondary (0		College (1-4 or 5 a	.)	(Give kind of life. Do NOT us	work done du se retired.)	ring mos	st of workin	g				
AP.	12				CL	ERK				U.S.	GOVE	RNMEN	T
Ö	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTH	ER'S NA	ME (First, Middle, Malden	Surname)		
BE (ABRAI	MAE	MARKS							JENNIE	SHEM	ER	
10 B	19a, INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRESS (Street ar	nd Number	or Rural I	Aoute Number, City or Tox	rn, State, Zip C	(ode)	
F	MRS. EVE	LYN LE	VIN		8321	-F MI	NDA:	LE C	IR.,	BALTO., N	\sqrt{D} 21	244	
	20s. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION //Nemper 20h CATE 20c LOCATION - City of Town State												State
	Cremetton 3 Removal from State Commetter Comme												
1	21. SIGNATURE OF FUNERA	L SERVICE LI	ENSEE //					D ADDRES		All time	PVTNCO	N C F	BROS., INC.
- 1	1 Sunday C.	1/1	tellius)		60	30	DETC	TED C	STOWN RD.,			
	25 PART I Enter the di	seeses or			e deeth Do								
	shock, of h	eart feliure.	List only one cau	se on each	line.	not onter t	ie iliot	de or dy	ng, suc	in as cardiac or resp	matory arres	pt,	Approximata intervel Between
	iMMEDIATE CAUSE (Fir disease or condition	nel	015	1200	Δ11.0								Onset and Death
	disease or condition PNEUMONIA a. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):												
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CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):												
¥	cause. Enter UNDERLYING												
프	CAUSE (Disease or inju- that initiated events	ry 1	DUE TO	(OR AS A CO	NSEQUENCE O	F):							
듄	resulting in death) LAS	T	d										
	DART II Oak Is all -							111					
EDICAL	PART II. Other significe	A I M	UTRIT	death but	not resulting	in the und	eriying	cause g	jiven in	Part I. 24a. WAS AN PERFO		AWA	RE AUTOPSY FINDINGS MLABLE PRIOR TO
ă		N C 4	1111	1010	-					1 YES :	2.10		MPLETION OF CAUSE DEATH?
× I												1 [YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (Ch	eck only one)			
YSI	1 TES 2 DIO		Impatient 2		nt 3 🗆 DOA		g Home	5 □ Re	sidence	6 C Other (Specify)			
F	27. MANNER OF DEATH	Pending	26a. DATE OF (Month, D		26b. TIM	JURY	6c. INJU			28d. DEŞCRIBE HOW	INJURY OCCU	RED	
À		Investigation				М		E\$ 2	NO				
0		Could not be	26a. PLACE O building,	F INJURY — . atc. (Specify)	Al home, ferm,	street, factor	y, office	1		26f. LOCATION (Street City or Town, State		- Aural Aoute	Number,
E	4 Horriscos	Oeter minned											
집	(Check only	IFYING PHYSI	CIAN: To the best of	my knowledg	je, death occum	ed at the tim	e, date	and place,	and due	to the cause(a) and ma	nner as stated	ı,	
COMPLET	one) 2 MED	CAL EXAMINE	R: On the basis of a	camination an	d/or investigation	on, in my opi	nion, de	eath occur	ed at the	time, data and place, a	nd due to the	cause(a) ark	d manner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	R	- 1				29c. LICE	NSE NU	MBER	29d. DATE S	SIGNEO (Mg	nth, Day, Year)
0	we	serv			TER			9	70	7	1 3	15	93
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAUS	SAI	(ITEM 27) (Type	SIN)	16	H	105	PITAL		1 - 6	10
	31. DATE, FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATU	RE P	v .	~		A	-			
			MAR 19	1993	Julia	Davidson	~-18	nde		6			



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		1 - STATE REGISTRAR	STATE OF M					DEAT		IENTAL HYGIE REG. N			
		1. DECEDENT'S NAME (First, Middle, Las	9							2. DATE OF DEATH			3. TIME OF DEATH
		Thomas	J.	Koo	ch				- 1	March 16	, 1993	YEAR	8:25 A
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI	PLACE (State or Foreign
90	i I	213-03-6033	1 X M 2 🗆 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. 25,	1912	Country	aryland
3 should		90. FACILITY NAME (If not institution, give				96. CITY	, TOWN O	R LOCATIO				NTY OF OE	
2,	СТОВ	Medbridge Nurs	ing Home			I	Balti	lmore	2		F	Balti	more
7,	ᇤ	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	TY		10c. CIT	Y. TOWN (OR LOCAT	ION					10d. INSIDE CITY
permit, Pages 1,	DIRE	Maryland	Baltimor	ρ ,		.,		imor	**				LIMITS?
ermit		10e. STREET AND NUMBER	DOZETNIOZ					ZIP CODE			10g. CITI		1 YES 2XX NO
2	18	5 C. Bouldercre	st Ct.						1237			. S.	
215-0020 attending physician. se as the burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	4ED	13.	WAS OECI	ENDENT OF	F HISPANIC	C ORIGIN? (Specify Y		14. RACE	- American Indian.
Phys Period	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 XN	0		If yes, spe 1 YES	city Cuban 2 XNO	n, Mexican, Specify:	, Puerto Rican, etc.)		Specifi	White, etc.
5-0 anding			<u> </u>										White
21215-0020 al or attending physic for use as the burial	ETED	15. OECEOENT'S EC (Specify only highest gra		(Gh	e kind of	USUAL O		N It of working	g	18b. KIND OF B	USINESS/IND	USTRY	
		Elementary/Secondary (0-12) NA	College (1-4 or 5+)		se retired.)	ti on	Off	1	7.7 4	b	7	
AND the hospital detached fo	COMPL	17. FATHER'S NAME (First, Middle, Last)	NA	Flan	LFI	orec	LIOI			West IE (First, Middle, Maide	tern E	Tect	ric
YL/	E C	Harry W. Koch								a Gawlik	in Sumeme)		
	00	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AOORES	S (Street m			a GaWIIK oute Number, City or To	war State Zin	Codel	
MAR retained 5 should notitied	2	Edward C. Muelle	r (Son-in-										
BALTIMORE, Per death. Page 6 may be 10 the funeral director, page 5 wal.		20a. METHOD OF DISPOSITION		20b. PLACE A	NDDATE	OF DISPOS	SITION (Na		Dai		OCATION —		vn. Stata
e 6 m		1 N Burlel 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	moval from State	Cemetery, cran	wn (ther place)	erv				Baltim		
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE I	JOENSEE	Λ		22.	NAME AN	O ADDRES	S OF FACI	ILITY		,	*****
ALTIMOR death. Page 6 ma funeral director, p.		► Robert le	SOURAL	b 4	1	۱٥				eral Home ane, Balt		37.1	01010
ic a g		23. PART i. Enter the diseases, or	complications that	coused the des	th. Do r	not anter	tha mod	de of dvir	ng such	as cerdled or res	niratory arr	, Ma	Approximate
		shock, or heart ladure	. List only one caus	se on aach iina.							piratory arr		Interval Between
		disease or condition	()	to 10			10	[/	Α,				
1760, ted within completely ial, cremati		resulting in death)	DUE TO	OR AS A CONSECU	UENCE O	F):	1 00	Shu	SIO				mmules
P.O. BOX 68760, the certificate be executed within the certificate be executed within the certification and completely all Hydjene prior to burial, cremain or other traumatic event,	z		h Con		ar	ton	R					1.5	minutes
O. BOX 68 ertificate be execut ng physician and c glene prior to buria other traumatic	은	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSTO	DENCE OF	To of							yars
BOX ficate be physician ne prior t	5	cause. Entar UNDERLYING CAUSE (Disease or injury	c			181							_
ocertification of the Hygiene	빌	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	JENCE O	F):							
	CERTIFICATION		d										
O 등 등 등	CAL (PART II. Other significent condition							iven in P	art i. 24a. WAS A	IN AUTOPSY		WERE AUTOPSY FINDINGS
Z & & & Z	2	Corona a. D. S.	mality to	smith !	carl	Edd	orla	Paro	ma Po	PERFO	2 V NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
w requires the been signed pt. of Health 3 shows an	MEDI	Super to nem	CONTRA	D		Pm	Pen !	oug.	D,C		2 6 1 110		OF DEATH? 1 YES 2 NO
AL R law re has been Dept. o	ž	Serilo Dem	and i	mall	7.7	ナ							
VITAL N: The lan Scate has State Dep	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF OE	ATH (Chec	k only one)			
F VIT SICIAN: The certificate the State the State , or Item	YSi	1 TES 2 NO	1 Inpetient 2	ER/Outpatient 3	DOA	OTMER 4 2 Nun		5 🗆 Res	sidence 8	☐ Other (Specify)			
HYSIC HYSIC With IT Ced.	PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF I (Month, De		28b. TIM INJ	E OF URY	28c. INJU	IRY AT	:	28d. OEŞCRIBE HOW	INJURY OCC	URED	
ON OD DING PHYS death with search with search with search with search with search with search with search s	B	1 ✓ Netural 5 ☐ Pending 2 ☐ Accident Investigation				M		ES 2 🗌	NO				
	8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, (INJURY — At hometral (Specify)	ie, farm, i	street, tect	ory, office		1	281. LOCATION (Stree City or Town, Stat	t and Number	or Rural Ro	oute Number,
DIVIS OR ATTE DIRECTOR hours after	1												
로 국 오 노	COMPL		SICIAN: To the best of r										
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	S I	2 MEOICAL EXAMIN	ER: On the basis of ex	amination and/or in	veetigatio	n, In my o	pinion, de	sth occure	d at the ti	me, data end place, o	and due to the	e ceuse(s)	end menner es stated.
HE HE HE MAN	BE (296. SIGNATURE AND TITLE OF CERTIFI	わわ	1					NSE NUMB		29d, DATE	SIGNEO (Month, Day, Year)
TO THE HOSPIT TO THE FUNERA DE filed within 7	0	William	1 Jons	on bi				DO	423	36	1 3	/18	193
		30. NAME AND ADDRESS OF PERSON W											
		Dr. William Bens			rt S	t.,	Balt	imore	e, Mo	1. 21218			
		MAR 1 9 1993	Julia David	r's signature Loon—Adrida	AL.								-

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eath. Po	filled in by the funeral dir		-
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execut	and c	o buri	-190
te be	Sician	prior to	-
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e death cert	attendi	ntal Hy	100
the d	te has been signed by the at	the State Dept. of Health and Mental Hygiene prior to	in land
ires that the	d bant	alth ar	-
require	en sig	of He	Share
e law	has be	Dept.	200
W. T	ificate	State	Thomas
1XSICI)			
DR ATTENDING PHYSICIAN: The law require	offer th	filed within 72 hours after death with	thousand of the most
TEND	to the funeral director: After	after d	90 10
DR A	DIREC	hours	Same .
PITAL	ERAL	12 U	F. 20
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THE HOSPITAL	O THE	e filed	ADDA

STATE	0F	MARYLAND	/ D	EPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	FF	RTIFICATE		F DEAT	TH.		DEC	NO

	1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DE	PARTMENT TIFICATE	OF HEALTH AND	MENTA	L HYGIEN	E	01404
	1. DECEDENT'S NAME (First, Middle, Las	0				2. DATE	OF DEATH		3. TIME OF OEATH
	Carl George	Kintop	Sr.			Mar	ch 14,	1993 YEAR	1 P. M. M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birt	hday) IF UNDER	1 YEAR IF UNDER 24 HR	S. 7. DATE	OF BIRTH	8. BIF	TTHPLACE (State or Foreign untry)
	212-03-2267	XX M 2 D F	79 Y	RS.	DAYS HOURS MIN	Sep	t. 28,	1913 M	aryland
-	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
힏	4350 Shamrock A	Ave.		altimore					
DIRECTOR	10a. STATE 10b. COUN	ITY	10	c. CITY, TOWN C	R LOCATION				10d. INSIDE CITY
흡	Maryland			E	altimore				LIMITS?
AL.	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
#	4350 Shamrock A	lve.			2121	3		U. 8	5. A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED		MAS DECENDENT OF HIS yes, specify Cuban, Max	PANIC ORIGII	N? (Specify Yes	or No.— 14. R/	ACE — American Indian, ack, White, atc.
B	1 Never Married 2XXMarried 3 Widowed 4 Divorced	IF YES, GIVE WAR			☐ YES 2XXNO So		ricali, etc.)		ochy: White
	15. DECEDENT'S ED	UCATION	18a DECEDI	ENT'S USUAL OF	CUPATION	100	KIND OF BUIL	SINESS/INDUSTRY	<u> </u>
	(Specify only highest gradely (0-12)	de completed) College (1-4 or 5+)	(Give ki	nd of work done (NOT use retired.)	luring most of working	166	. KIND OF BU	SINESS/INDUSTRI	
립	NA	NA		Mad	chinist		Stee	1 Compar	ıv
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,	Middle, Maiden		
BE (Carl Kintop				Aug	usta	Unkno	own	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRESS	(Street and Number or Ru	ral Route Num	ber, City or Tow	n, State, Zip Code)	
-	Evelyn M. Kinto	p (Wife)	43.	50 Shan	rock Ave.,	Balt	imore,	Md. 212	213
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re	moval from State	20b. PLACE AND I	DATE OF DISPOS	TION (Name of	DAT		CATION — City or	•
1 1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	MCENIORE A	Parkwo			3/1	7 B	altimore	e, Md.
	21. SIGNATURE OF PUNERAL SERVICE	DENSEE D	()	Sc.	himunek Fu	neral	Home		
	Chare	& Cast	5 1	33	31 Brehms	Lane,	Balti	more, Mo	1. 21213
NOI	immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Copira	toru in	suthi	ienco				Approximate Interval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): LACTOR OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								41.4/84 1/86
N N	PART ii. Other significant condition	ons contributing to dear	th but not rasul	ting in the un	derlying cause givan	in Part i.	24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC.							1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
									1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	Chack ask or	nel		
SIC	EXAMINER?	HOSPITAL:	Outpatient 3 🗆 D	OTHER					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU	IRY 28	b. TIME OF	28c. INJURY AT	7.		NJURY OCCURED	
ВУР	1. Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear)	INJURY M	WORK? 1 YES 2 NO				
ED B	3 Suicide 8 Could not be	28a. PLACE OF INJ building, etc. (IURY — At home, t	arm, street, facto	ory, office	28f. LOC	ATION (Street a or Town, State)	and Number or Run	il Route Number,
13	4 Homicide determined					J. J.	or lown, otaloy		
COMPLET		SICIAN: To the best of my k							e(a) and manner as stated.
w I	296. SIGNATURE AND SITLE OF CHRTIFE	ER /	***		29c. LICENSE N	UMBER		29d. DATE SIGN	ED (Migrith, Day, Year)
TO B	T//net	Much!			DIE	333		3/4	5/73
-	30. NAME AND ADDRESS OF PERSON W				_			1	1
	Dr. Louise Groo			Oncolo	gy, Room 1	-109,6	500 N.	Wolfe S	St., Balto,Md
	MAR 1 9 1993	32. REGISTRAR'S S							
	MAIN 1 3 1993	Julia Tavida	Police						DHMH-16 Rev 1/89

1	-	STATE REGISTRAF
	0	ECECENT'S NA

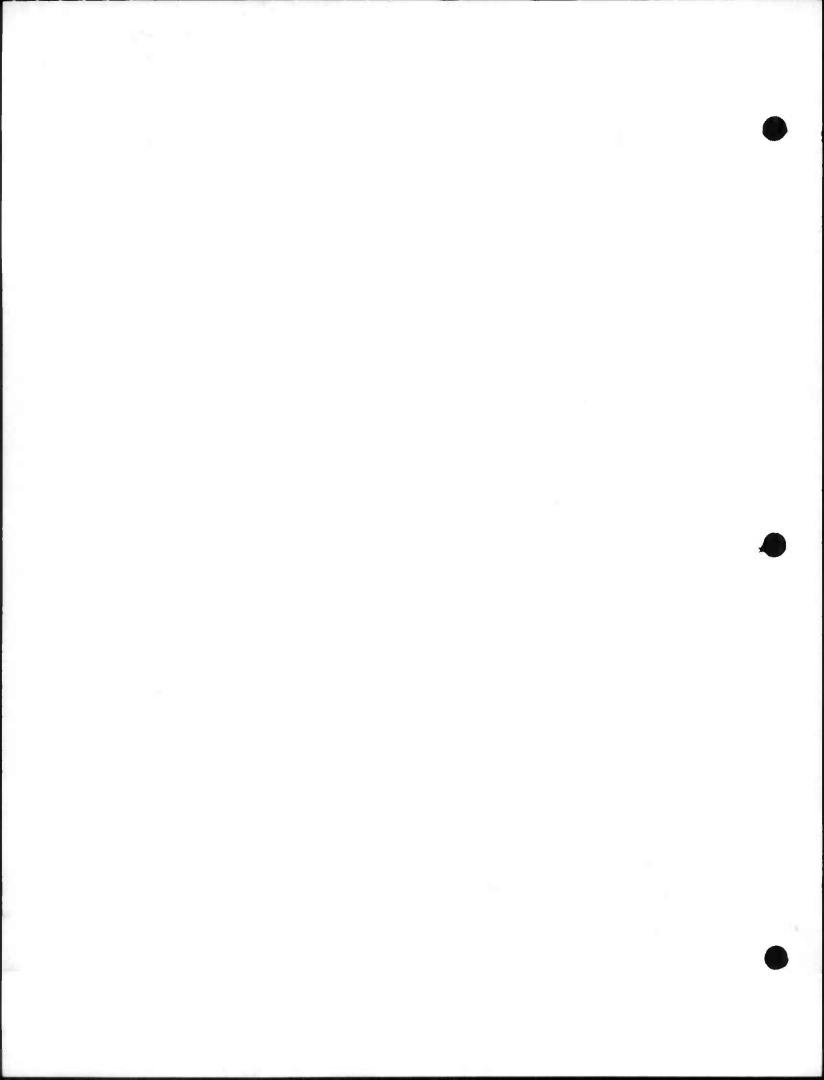
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

α -	1. OECEOENT'S NAME (First, MI EMORY JAMES	liddle, Last)				FICATE	O1 1			REG. NO.			
	EMORY JAMES	, , , ,							2. DATE	OF DEATH			3. TIME OF DEATH
		KNIG	HT . Sr.							RCH 1.7	. 1991	YEAR 3	14:20 P
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.							IF UNDER 24 HRS.	7. DATE	OF BIRTH			LACE (State or Forei
	217-40-5017		1 XM 2 - F	50) YRS.	MONTHS D	MYS	HOURS MIN,		17/43			land
5 L	9a. FACILITY NAME (# not institu	rution, give stre	eet and number)			96. CITY, TO	OWN OR	LOCATION OF			9c. COUNT	TY OF DE	ATH
	St. Agnes Ho	ospita	al - CPE	R		Bal	tim	ore					
ည္က		Ob. COUNTY			10c. C	ITY, TOWN OR	LOCATIO	DN .					10d. INSIDE CITY
E	MD					ltimore						- 1	LIMITS?
	10e. STREET AND NUMBER					I CIMOL		ZIP CODE			10a, CITIZI		AT COUNTRY?
FUNERAL	3201 Georgetown Road						2	1230			USA		
5	11. MARITAL STATUS		12. WAS DECEDEN			13. WAS	S OECE	NDENT OF HISPA	ANIC ORIGIN	7 (Specify Yea	or No 1	14. RACE	- American Indian
. 1	1 Never Married 2 Me 3 Widowed 4 Divorce		FORCES? 1 IF YES, GIVE W					city Cuban, Maxic		Rican, etc.)		Black, Specify	White, etc.
	Λ	- 1						11					white
ETED	(Specify only high				(Give kind o	'S USUAL OCCL if work done duri use retired.)			16b	KIND OF BUS	INESS/INDU	STRY	
1 1	Elementary/Secondary (0-12) College (1-4 or 5 +)								,,	المعامات	.~		
COMPI	17. FATHER'S NAME (First, Middle	le Last)			Dock W	orker		18. MOTHER'S N		ruckir			
	Maurice E. I		_					Mildre			ourname)		
# I-	19a. INFORMANT'S NAME (Type				19b. MAILII	G ADDRESS (S	treet and	d Number or Rural			State Zin C	Corde)	
2	Emory J. Kn	ight,	Jr.					wn Road					230
	20a. METHOD OF DISPOSITION				PLACE AND DAT	E OF DISPOSITION	ON (Nam	e of	OAT		CATION — CI	Ity or Tow	n, Stata
	1 Donation 5 Other (Sp		rai from State	LOU	idon Pa	rk Cem	ete	ry	3/22	Balt	imore	e, Ma	aryland
	21. SIGNATURE OF FUNERAL S	SERVICE LICE	HSEE!		22. NAME AND ADDRESS OF FACILITY Ambrose F.H. of Lanso						Lansdow		
	Hund.	1/1	maker)-								MD 212
IFICATION	Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	rte 💮	ASC V DUE TO	(DR AS A C	CONSEDUENCE	OF):		3 8					
: MEDICAL	PART II. Other aignificent	conditiona	contributing to	death bu	t not resulting	In the unde	rlying	ceuse given ir	n Part i.	24a, WAS AN PERFOR	MED?		VERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION DF CA DF DEATH?
SICIAN	25. WAS CASE REFERRED TO M EXAMINER?		HOSPITAL:			OTHER:	26. PLA	CE OF OEATH (C	heck only on	e)			
<u>Ş</u>	1 YES 2 AMANNER OF OEATH		1 inpetient 24					5 🗆 Residence					
FH ₹	1 Netural 5 Pen		28a. DATE OF (Month, D	ay, Year)	28b. T	YJURY	C. INJUI	K?	26d. DES	CRIBE HOW IN	WURY OCCU	IHEO	
	3 Suitelde	estigation	26a. PLACE O	F INJURY -	- At home ferm			S 2 NO	281 100	ATION (Street a	nd Number -	e Rival D.	uta Number
E A		uld not be armined	building,	atc. (Specif)	y)	me, ferm, street, lectory, office 28f. LC			City	or Town, State)	Humber Of	riurai 190	are reprinder,
ED BY	4 Homloide detarmined City or Town, State) 29a. CERTIFIER (Check only International City of Town, State)												
ETED BY	(Check only			29b. SIGNATURE AND TITLE OF CERTIFIER								and manner as stat	
E COMPLETED BY	(Check only one) 2 MEDICAL	L EXAMINER:		camination :	and/or investigs	lion, in my opini		29c. LICENSE NU		and place, and			and manner as stat
O BE COMPLETED BY	(Check only one) 2 MEDICAL	CERTIFIER	On the basis of an		,	Mi				and place, and		SIGNED (

BALTIMORE, MARYLAND 21215-0026

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

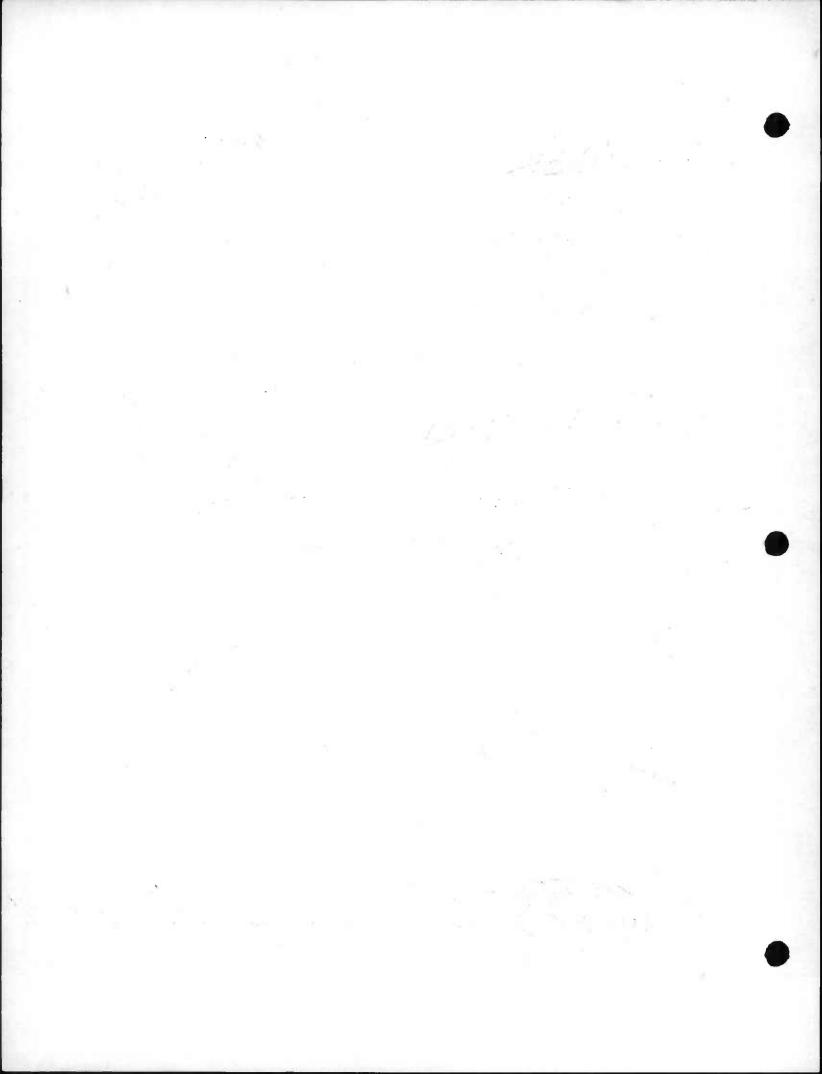


THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be retained by the host THE FLINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the line in this transfer death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 9 1993

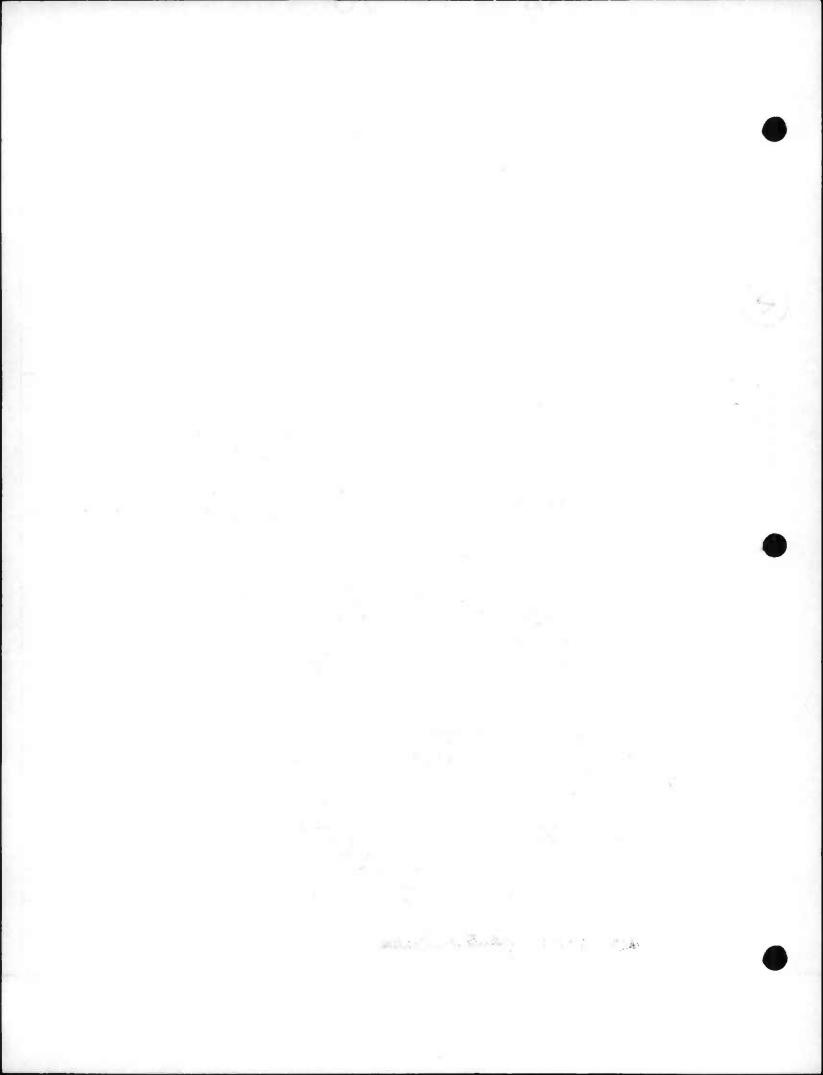
BEGISTRAR'S SIGNATURE

	omas J	Thomas J.	Keys, Jr.	•	2. DATE OF GEATH DA	8 1997	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-34-0613	1 🔀 M 2 🗆 F	E (In yrs. last birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7./bate of BIRTN (Month, Day, Year) 7/18/1937	Cor	ATNPLACE (State or Foreign untry) Aryland
9a. FACILITY NAME (If not institution, Saint Joseph Horespence of December	ospital			OR LOCATION OF O	PEATH	9c. COUNTY OF	re County
10a. STATE 10b. CC		10c. CIT	10c. CITY, TOWN OR LOCATION TOWSON				
1630 Myamby Road			1		States		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	S 2 NO	it yes, s		NIC ORIGIN? (Specify Yea en, Puerto Rican, atc.) ffy:	B	ACE — American Indian, lack, White, atc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupat work done during in se retired.) Taxpayer	nost of working	186. KINO OF BUS	Revenue	
17. FATNER'S NAME (First, Middle, Line Thomas J. Keys	, Sr.			Eliz	ame (First, Middle, Maiden Zabeth Santia) 0	
Rosina Keys			1630 Myam		Route Number, City or Town		
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVIO	CE LICENSEE Monde T	Gardens of I	22 MAME	AND ADDRESS OF S	ACILITY	timore, M	faryland
21. SIGNATURE OF FUNERAL SERVICE 21. SIGNATURE OF FUNERAL SERVICE 22. PART I. Enter the discosses	T- Zacopra	Zavoyna ed the deeth. Do eech line.	22. NAME LEON 5305 not enter the m	and address of F nard J. Ruc 5 Harford R	k, Inc. d. Baltimore	, Md. 2	1214 Approximate Interval Between
21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the discesses ahock, or heert fall IMMEDIATE CAUSE (Finel discesse or condition	or complications that ceuesture. List only one ceute on DUE TO (OR AS	Zavoyna ed the deeth. Do eech line.	22. NAME LEOY 5305 not enter the m	and address of F nard J. Ruc 5 Harford R	k, Inc. d. Baltimore	, Md. 2	1214 Approximate Interval Between
23. PART i. Enter the diseases ahock, or heert fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that intileted events.	or complications that ceuesure. List only one ceute on DUE TO (OR AS DUE TO (OR AS d	Zavoyna ed the deeth, Do eech line. A CONSEQUENCE O	22. NAME LEOY 5305 not enter the m	AND ADDRESS OF F. Nard J. Ruc 5 Harford R node of dying, sur	ACILITY k, Inc. Id. Baltimore ch as cardiac or respi	AUTOPSY MED?	1214
23. PART I. Enter the diseases ahock, or heert fall immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST	DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	Zavoyna ed the deeth, Do eech line. A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of the consequence of	22. NAME LEOY 5305 not enter the management of t	ng couse given in	ACILITY k, Inc. Id. Baltimore ch as cardiac or respi	AUTOPSY IMED?	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
23. PART I. Enter the diseases ahock, or heert fail IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions in the	DUE TO (OR AS DUE TO (OR AS	Zavoyna ed the deeth. Do eech line. A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE Of B A CONSEQUENCE OF B A CONSEQUENCE	22. NAME LEOY 5305 not enter the IT	ng couse given in PLACE OF OEATH (Come 5 Residence NUMBER Residence NUMBER Residence NUMBER Residence NUMBER Residence NUMBER Residence	ACILITY k, Inc. Id. Baltimore ch as cardiac or respi	AUTOPSY IMED?	Approximate interval Betwee Onset and Deal Onset an



BALTIMORE, MARYLAND 21219-0020	n 24 hours after death. Page 6 may be retained by the hospital or attending	ly filled in by the funeral director, page 5 should be detached for use a fundamentation, or removal.	the medicel examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL, OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending to the hospital or attending the hospital or attending the hospital or attending to the hospital or attending to the hospital or attending the hospital or attending to the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a fundamental committee of the signed by the attendent has a filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN		01401		
400	1. DECEDENT'S NAME (First, Middle, Last) CATHERI	11	KLA			2. DATE OF DEATH		3. TIME OF DEATH		
	212-50-0977	SEX 6. AGE (In yrs.	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) 07 11 (BIRTHPLACE (State or Foreign Country) PENNSY VANIA			
TOR		FREDERICK MEMORIAL HOSPITAL FREDERICK MEMORIAL HOSPITAL FREDERICK						of oeath EDERICK		
DIRECTOR	10a. STATE 10b. COUNTY	DERICK	10c. CITY,	FREDER			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 NO			
FUNERAL	1900 ROSE MON		101. ZIP CODE 16g. CITIZEN OF WHAT 21702 USA							
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	ARMEO XNO	If yes, spe	ENDENT OF HISP/ ecity Cuban, Mexic 2 NO Spec	NIC ORIGIN? (Specify Yellow), Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (6-12) 10TH	TON 16a. College (1-4 or 5+)	(Give kind of wo	SUAL OCCUPATION of done during most retired.)	N at of working	16b. KIND OF BU	JSINESS/INDUST	RY		
MOS	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Meider	Surname)			
8E (DALLAS CLOPPE	R			AGN					
욘	ELEANOR WEITZEL		196. MAILING /			RUNSWICK,				
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		crematory or oth	F DISPOSITION (Nat	me of	DATE 20c. LC	OCATION — City	or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENS									
	M. Glan	Seit h		3818	ROLAND	AVENUE, B	ALTIMOR	E. MD. 21213		
	23. PART 1. Enter the diseases, or com- shock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OP AS A CONDUCTOR OF A	death. Do no ine.	FAILYR	da of dying, su	ch as cardiac or resp	oiratory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	Ma	Heor	T Fau Obse	ive ise				
MEDICAL	PART II. Other significent conditions of	contributing to death but no	ot resulting in	the underlying	ceuse given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		_	26. PL	ACE OF DEATH (C	heck only one)				
YSIC	EXAMINER?	OSPITAL:		OTHER: 4 - Nursing Home	5 🗆 Rasidence	6 Other (Specify)		The		
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO		28d. DESCRIBE HOW	INJURY OCCUR	ED		
0	3 Sulcide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, st	reet, factory, office		281. LOCATION (Street City or Town, State	and Number or F	lural Route Number,		
COMPLET		N: To the best of my knowledge, On the basis of examination and						use(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	tarello r	n.P.		29c. LICENSE NU D275	1MBER 544	29d. DATE SIG	SNED (Month, Day, Your)		
	John A. Vitarello,				et. Fred	lerick. Man	vland	21701		
	31. DATE FILED WARE DOWN YOU 1993	32. REGISTRARY SIGNATURE			,	,	J			



1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

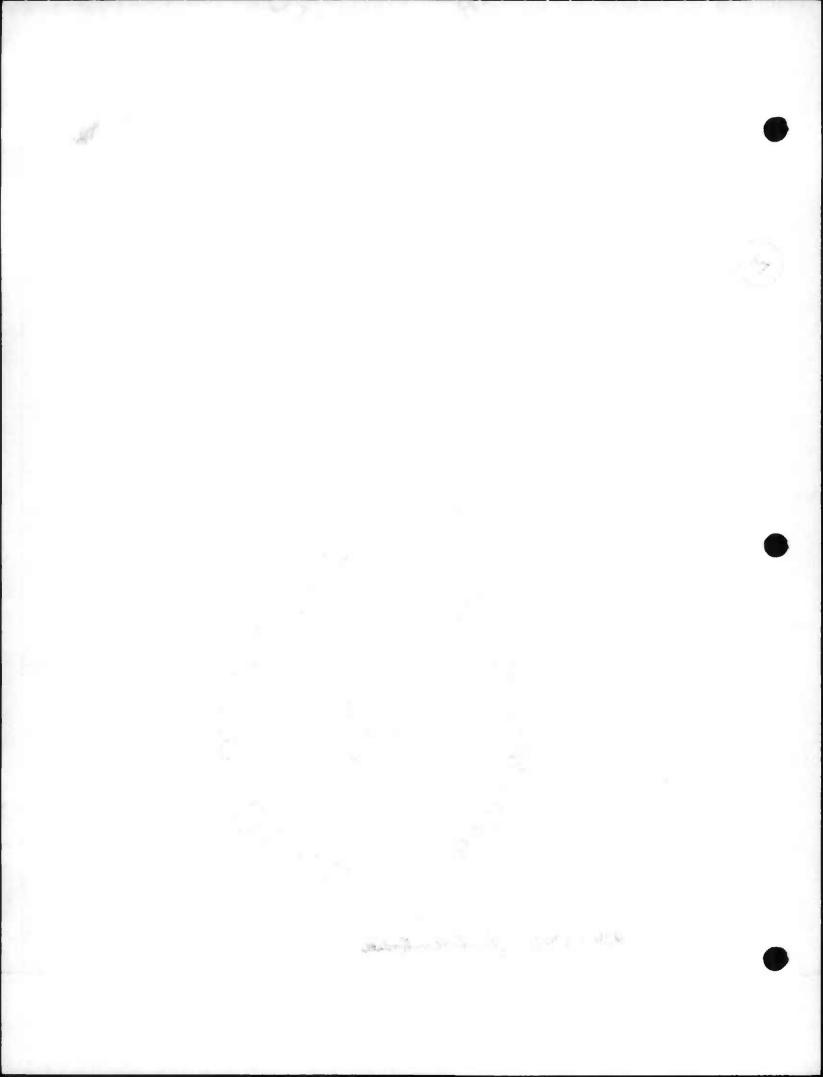
	1 - STATE REGISTRAR		CI	ERTIF	ICATE (OF DEATH	R	EG. NO.						
1000	1. DECEDENT'S NAME (First, Middle, Last) Jane L. Kozl		-				2. DATE OF I	DEATH	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 219-16-3496	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE		03-14- 7. DATE OF E (Month, De	HRTH y, Year)	Coun					
	9a. FACILITY NAME (If not institution, give	1 M 2 XF 69 YRS.				3/12	/24		Baltimore, Md.					
DIRECTOR		Old Carriage Road Glen Arm Baltimore Cour												
JIME	10a. STATE 10b. COUNT								10d, INSIDE CITY LIMITS?					
- 1	Maryland Baltimore County Glen Arm 100. STREET AND NUMBER 109. CITIZEN OF WHAT								1 ☐ YES 2 🔯 NO WHAT COUNTRY?					
FUNEHAL	11118 Old Carria	ge Road	9			21057		_ ט	.S.A.					
ם דם	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. AR YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC C 15. 2 NO If yes, specify Cuban, Mexican, Pr					E — American Indian, ck, White, atc. city:						
3	15, DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(G	ilve kind of s	USUAL OCCUI	PATION g most of working	16b. KIN	D OF BUSINESS	<u> </u>					
COMPLEIED	12th Grade	College (1-4 or 5 +	•)	ager		stant V.P	. Nat	ion's	Bank					
5	17. FATHER'S NAME (First, Middle, Last) John F. Mueller					16. MOTNER'S NA			ne)					
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Str	SYLV18	a A. Mo		Zin Code)					
2	Bert K. Kozlowsk	i								land 21057				
	20s. METHOD OF DISPOSITION 2 ○ Surial 2 ○ Cremation 3 ○ Res	moval from Stata		ANDDATE	OF DISPOSITION		OATE	20c. LOCATION	N — City or T	own, State				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Garde	ens o	f Fait	h Cemeter		Baltin	more,	Maryland				
1	* Kathleen	In he	/		John	C. Miller	r. Inc.			ryland 21206				
NOTIFICALION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A CONSEC	OUENCE O	F):									
אסור סב	PERFORMED? AMAILABLE COMPLETIC								b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
. IME						-	_		`	1 YES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL				2	B. PLACE OF OEATH (C)	hack only one)							
THE STORY	EXAMINER? 1 YES 2 NO	DICAL #OSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)												
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Di		26b. TIM	URY	. INJURY AT WORK?	28d. DESCRI	BE HOW INJURY	OCCURED					
ובה הו	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE O	F INJURY — At ho etc. (Specify)	oma, farm,	street, factory,	office		N (Street and Numer, State)	mber or Rural	Route Number,				
COMPLETED	000)					date end place, and due				a) and manner on stated.				
4	296. SIGNATURE AND TITLE OF CERTIFIE	ER MP				29c. LICENSE NU D 277	MBER 3 0	29d.	DATE SIGNE	D (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON W		SE OF DEATH (ITE	M 27) (Type	Print)	curs.	17.	M	220.	no yuy				
	31. DATE FILED (Man DAR 164) 9	993°2. REGISTRA	A'S SIMINATURE	~ Alen	400		- / -	-601	- /					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



REG. NO

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 9 - 28 - 03 IF UNDER 1 YEAR IF UNDER 24 HRS. 215-07-8691 89 1 M 2 X F permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not in DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE CATONSVILLE NURSING HOME use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) detached for HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. KATHERINE BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 LANOCHA 7913 HARFORD ROAD BALTO. MD. å 20a, METHOD OF DISPOSITION
1 | Burlet 2 | Cremation 3 | Re 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Item 23 shows any injury, or other traumatic event, the medical examiner must LORRATNE PARK 4 Donation 5 Other (Specify) 3 - 1CHATURE OF FUNERAL SERVICE LIC 22. NAME AND ADDRESS OF F KACZOROWSKI UNERAL 2525 FL EET ST. BALTO., 23. PART II. Eyler the diseases, or complica shock, or heart failure. List only **IMMEDIATE CAUSE (Final** disease or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, CERTIFICATION Sequentially tist conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 8 🗀 Other (Specify) 4 🗆 Nurs 6 27. MANNER OF DEATH (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending Investigation DIRECTOR; After the hours after death w 1 YES В 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 99 3 Sulcide COMPLETED 6 Could not be 28 4 Homicide ltem. 29e. CERTIFIER 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. DE FOREBAL C De filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER B nuc 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF 600

32. REGISTRAR'S SIGNATURE

Levidson-Randell

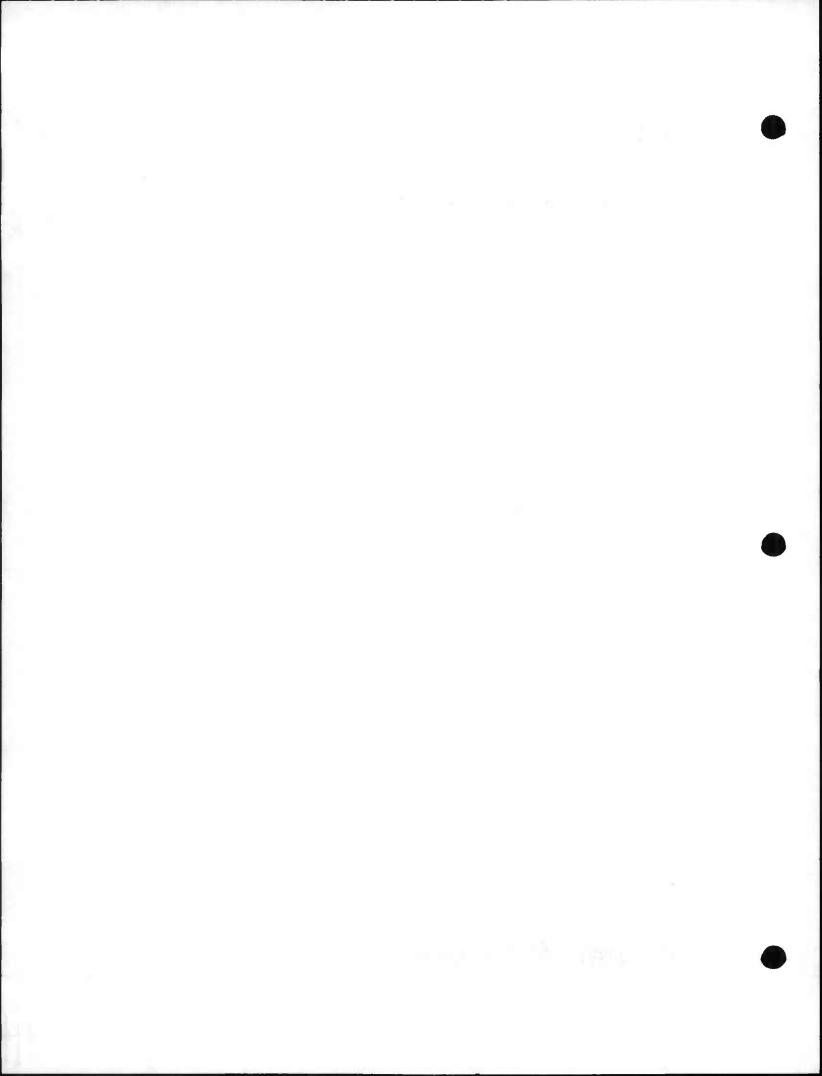
9 1993

STATE REGISTRAR

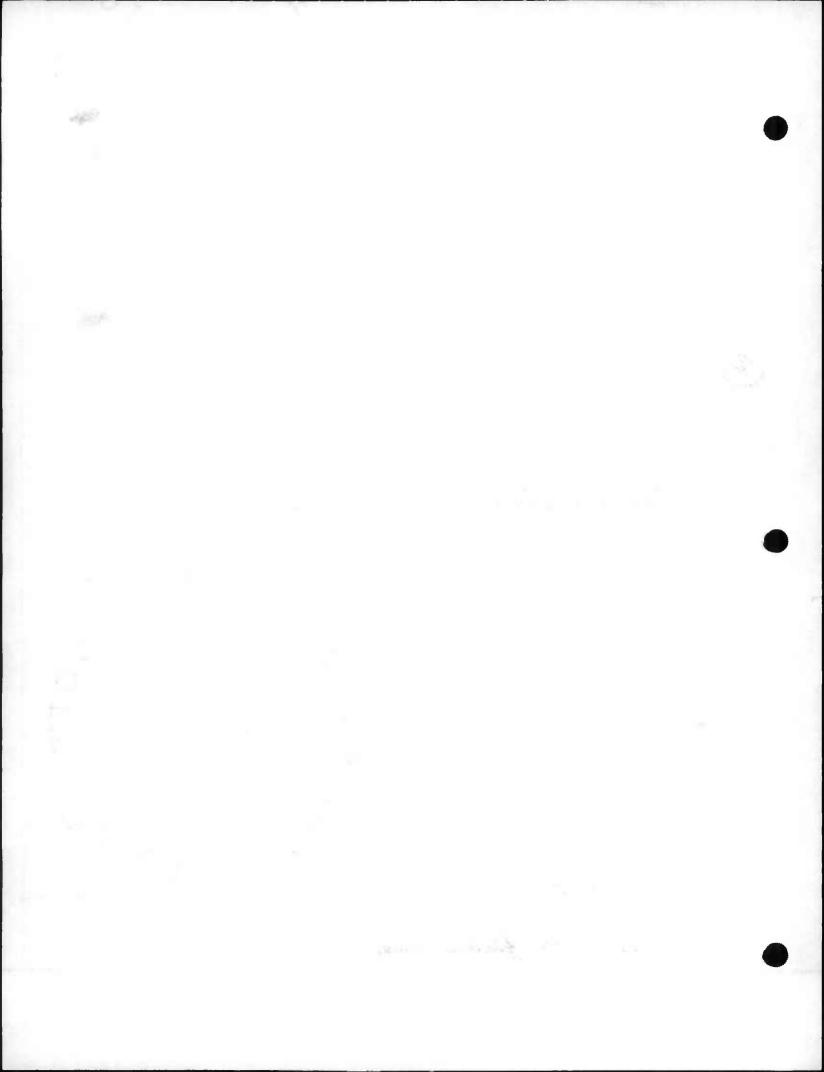
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. TIME OF DEATH 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 - YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. WHITE 21234 20c. LOCATION — City or Town, State BALTO. CO. MD. HOME MD. 21224 Approximate intervai Betwe Onset and Death 24b. WERE AUTOPSY FINDINGS **MAILABLE PRIOR TO** COMPLETION OF CAUSE OF OFATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) to the cause(e) end manner as stated.



		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTA	L HYGIENE REG. NO.		72
	To the second	1. DECEDENT'S NAME (First, Middle, Last) MICHAEL LEON					2. DATE MONT	OF DEATH	YEAR 93	3. TIME OF DEATH 12:46A M
B		4. SOCIAL SECURITY NUMBER 101-09-8909	1X M 2 □ F 81		F UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH th, Day, Year) -7-11	WE	THPLACE (State or Foreign ntry) ST VIRGINIA
2, 3 should	стов	Da. FACILITY NAME (If not institution, give st VA MEDICAL CENTER RESIDENCE OF DECEDENT	,		BALT	EMORE	EATH		BALTI	
t. Pages 1,	DIREC	10a. STATE 10b. COUNTY	TIMORE		TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
n. Insit permit.	ERAL	100. STREET AND NUMBER 2506 GRAY MANOR	TERRACE		101	ZIP CODE		1	USA	WHAT COUNTRY?
21215-0020 The attending physician. In use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES IF YES, GIVE WAR OR DAT Ret.	2 NO	II yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Speci	an, Puerto	N? (Specify Yes or Rican, etc.)	Bla	CE — American Indian, ick, White, etc.
21215	ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	ille. Do NOT use	rk done during mo retired.)	st of worlding		b. KIND OF BUSIN	ESS/INDUSTRY	
Q (T)	COMPL	10 yrs.		LABO	DRER -F	Ret.Ser				RUCTION
BALTIMORE, MARYLAND after death. Page 6 may be retained by program by the funeral director, page 5 should be moval. Ical examiner must be notified at the contract of the con		17. FATHER'S NAME (First, Middle, Last) FRANK LEON						(First, Middle, Melden Surname) S Mary Louise Giovan		
	TO BE	19a. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS	}			ond Number or Rural DINT ROA	Route Num	ber, City or Town,	State, Zip Code)	
		20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Remo	val from State camet	LACE AND DATE OF	DISPOSITION (Na	me of	DAT	TE 20c. LOCA	TION — City or	
		21. SIGNATURE OF FUNERAL SERVICE LIC	Edison M		22. NAME AN	ID ADDRESS OF FA	CILITY			21222 ome, Inc. dalk,Md.
filled in to on, or red		PART I. Enter the diseases, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	list only one cause on aac	ch Ilna.		da of dying, suc	ch as car	diac or reapirat	tory arreat,	Approximate Interval Between Onset and Death
ted within 24 completely fill ial, cremation.	1	resulting in death)	DUE TO (OR AS A C	OF LUNC	-					
B 2 2 2	z	Augusta and a second se		E BRAIN N		SIS				į
BOX 68 sate be execut hysician and c prior to buria	ATIC	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERING CAUSE (Necessary Injury)								
certificat ding phy Hygiene p	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
S, le deat be atte Mental	AL CE	PART II. Other significant conditions	s contributing to death but	not resulting in	the underlying	cause given in	Part I.	24s. WAS AN AU	TOPSY 2	16. WERE AUTOPSY FINDINGS
COR signed by Health an	Sign							PERFORME	D?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	N: M								-	
를 많을 구 수	PHYSICIAN:	25. WAS CASE REFERFIED TO MEDICAL EXAMINER? 1 YES 2 X YND	HOSPITAL: 1 X Inpatient 2 - ER/Outpat		OTHER:	ACE OF DEATH (C)				
OF V PHYSICIA this certil with the tked, or		27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	RK?	28d. DE	SCRIBE HOW INJ	URY OCCURED	
ONG PING After death	ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			YES 2 NO 281. LOCATION (Street and Number or Rural Route N City or Town, State)			I Route Number,	
DIN RAL DIRE 72 hour If Item	COMPLET	onel	CIAN: To the best of my knowled: On the basis of examination of							vial and manner as stated
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 i		29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				ED (Month, Day, Year)
TO THE HOSPIT TO THE FUNER be filed within	TO BE	Aroustin	n Clone.	m.D			29	_	> 3/	17/93
	F	AUGUSTIN CHYU,							1052	
		31. DATE FILED (Month, Day, Year) MAR 1 0 199	32. REGISTRAR'S SIGNAT	TURE Pande					.*	



FOR

BALTIMORE, MARYLAND 21215-0020

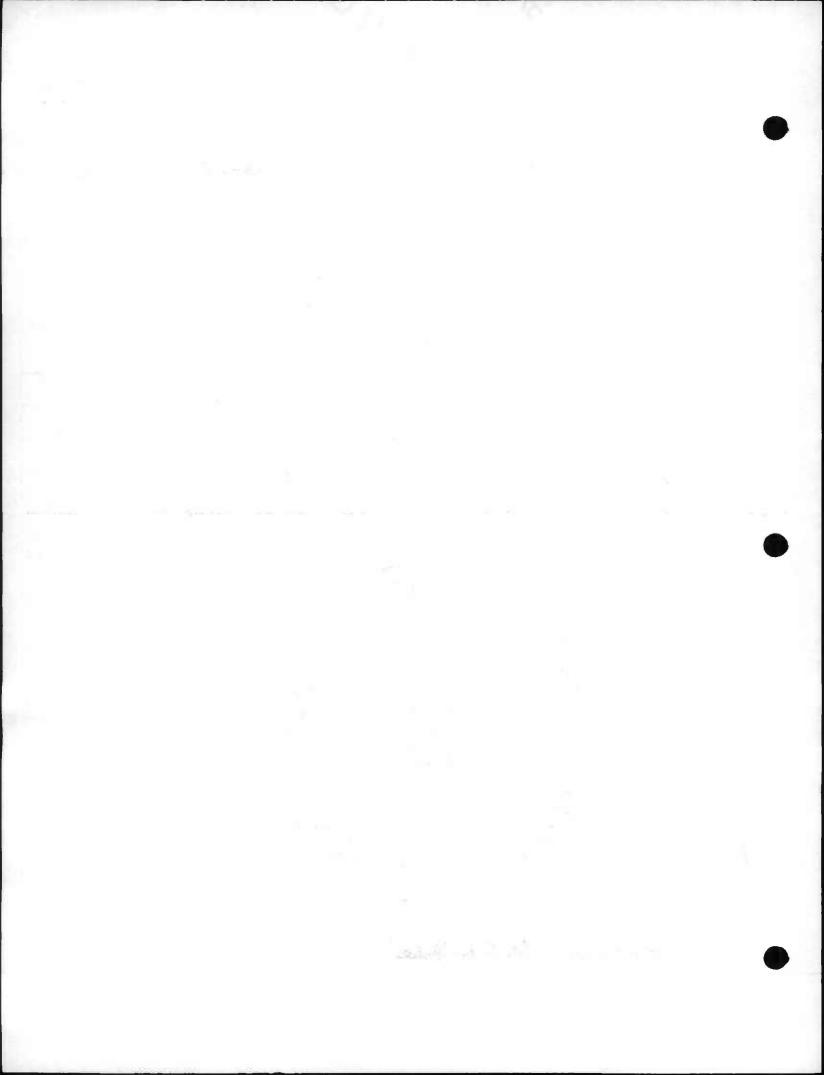
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).			
1 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
- 1	LISELOTTE	EVA LILLE	EY			March 16.	1993	YEAR		
1 8	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTNPLACE (State or Foreign		
1	213-30-9109	1 ☐ M 2 🂢 F	68 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-14-19	12/	Country)		
	9a. FACILITY NAME (If not institution, give si	treet and number)		9b. CITY, TOWN O	R LOCATION OF DE		_	Germany Y OF DEATH		
œ	3305 East Baltimo					24111	SC. COONT	Y OF DEATH		
[은	RESIDENCE OF DECEDENT	TE SLIEEL		Baltimo	ore					
DIRECTOR	10a. STATE 10b. COUNTY	Y	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY		
5	Maryland		B.	altimore				LIMITS?		
	10e. STREET AND NUMBER				ZIP CODE		40- CITIZE	1 √ YES 2 ☐ NO N OF WHAT COUNTRY?		
FUNERAL	3305 East Baltimo	wa Chmark		101			log. Citize	N OF WHAT COUNTRY?		
Z.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	1110 40450		21224			S.A.		
딥	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	ecify Cuban, Maxica	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No—	I. RACE — American Indian, Black, Whita, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OA	ATES	1 TYES	2 NO Specify	r.		Specify: White		
0	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S L	IPLIAL OCCUPATIO	MA.					
ETE	(Specify only highest grade	completed)	(Give kind of wo	ork done during mos	st of working	16b. KIND OF BU	SINESS/INDUS	SIRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	_		£ 12					
COMPL	47 FATHERIC MANE (S.) AND A		Beautici	lan, ser			otolog	У		
	17. FATHER'S NAME (First, Middle, Last)	-1-		Ì		ME (First, Middle, Maider	,			
BE	Heinrick Die	СК				ta Breye				
2	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street ar	nd Number or Rural I	Route Number, City or Tox	vn, State, Zip Ci	ode)		
	Karrie Hogan		3232 I	Leverton	Avenue.	Baltimore	e. Md.	21224		
1	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ※ Cremation 3 ☐ Rame		PLACE AND DATE OF	F DISPOSITION (Na				y or Town, Stata		
	4 Donation 5 Other (Specify)	CONT	reen Mour		tory 3-1	8-03 Ba	1+imor	e. Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADORESS OF FA		LLIIIOI	e, Maryland		
	NU00 -1	4	- American Control	Moran	- Ashto	n Funeral	Home	Tnc		
_	Tulley X/	actes	M00550.	3000	East Bal	n Funeral timore St.	, Bal	t. Md. 21224		
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line.									
- 9	IMMEDIATE CAUSE (Finel	0 00	_	0				Onset end De		
- 1	disease or condition reaulting in death)	. Sudden	Deat	h						
	, , , , , , , , , , , , , , , , , , , ,	DUE TO (OR AS A	CONSEQUENCE OF)	:						
z		. Clerone	e Cons	artine	Henry	faclour	0			
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF		11-4-1					
3	cause. Enter UNDERLYING									
正	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	:						
ᇤ	resulting in death) LAST									
		W								
DICAL	PART ii. Other eignificent condition	e contributing to deeth be	ut not resulting in	the underlying	ceuse given in	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO		
8						1 YES :		COMPLETION OF CAUS		
ME								1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Che	ick only one)				
Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpe		OTHER:	2.4					
¥	27. MANNER OF GEATN	28a. DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE NOW	IN ILIBA OCCIN	250		
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO		200. DESCRIBE NOW	INJUNI OCCUI	NED .		
B	2 Accident Investigation	200 DI ACE OF IN HIGH	4.4.		ES 2 NO					
8	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At nome, larm, an	real, factory, offica	·	261. LOCATION (Street City or Town, State)		Rural Route Number,		
5										
립	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurred	at the time, data	and place, and due	to the cause(a) and ma	nner as stated.			
COMPLET		R: On the basis of examination						ause(s) and manner as state		
- 11	296 SIGNATURE AND FITLE OF CERTIFIER			•						
ш	4.00 H-0117.	O VIA AY	6.0° C	10.1	29c. LICENSE NUM		29d. DATE S	IGNED (Month, Day, Year)		
<u></u>	DURAMEN IR OTHER	Ly Churth	edding (endeday	XIG	362		5/18/95		
IO BI	20 NAME AND ADDRESS OF BERNE	2 000000 0000								
0	30. NAME AND ADDRESS OF PERSON WHO					0 :				
œ	SHEEDON H. GOTT	ZIEB, MD	4940		2N AVE	BAZTTI	mouls	WD 21221		
œ			4940 ATURE		2N AVE	BAZTT	more	WD 27224		

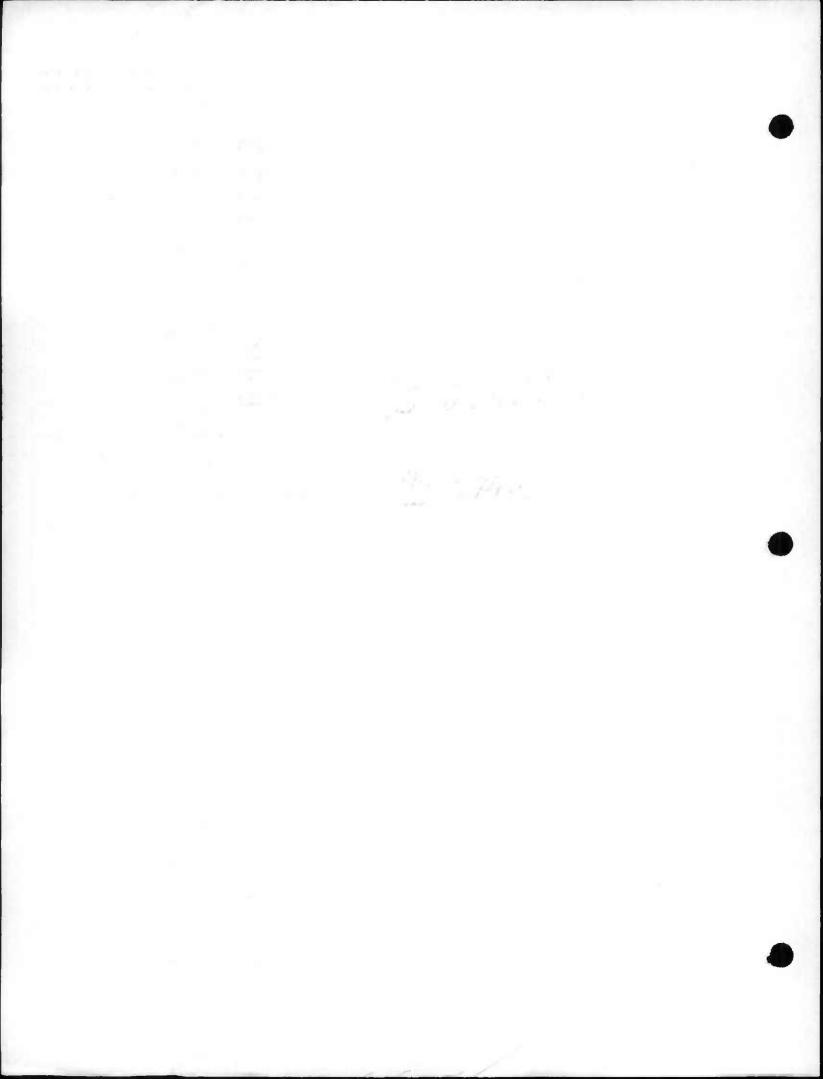
STATE	OF MARY	LAND /	DEPARTMENT	ΩF	HEALTH	AND	MENTAL	HAGI	ENE
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		C	ERTIFICATE		E DEAT	ТЫ		DEO	

		REGISTRAR	TATE OF MARYLAND / CE	DEPARTMENT I		MENTAL HYGIEN REG. NO.	e 93	07412			
	10	1. DECEDENT'S NAME (First, Middle, Last) May K	ewis			2. DATE OF DEATH DATE OF DAT	9 93	3. TIME OF DEATH			
	1	4. SOCIAL SECURITY NUMBER 5. S	M 2 F		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2-17 8. BI	PRTHPLACE (State or Foreign puntry)			
3 should	æ	Se. FACILITY NAME (If not institution, give street a			OWN OR LOCATION OF D	EATH	9c. COUNTY C				
1. 2.	стоя	THE JOHNS HOPKINS HO	USPITAL		IMORE CITY		BALTII	MORE CITY			
it. Pages	DIRE	10e. STATE 10b. COUNTY		SA YO	LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
an. iransit permit.	NERAL	100. STREET AND NUMBER 3403 COURT LE	eigh De		2/2 </td <td></td> <td>U:</td> <td>DE WHAT COUNTRY?</td>		U:	DE WHAT COUNTRY?			
215-0020 attending physician. se as the burial-fransit	D BY FUN	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 N VES 2 NO IF YES, GIVE WAR OR DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — Ame Black, White Specify:							
D 21 Spital or led for u	ETE	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Col	leted) (Give	EDENT'S USUAL OCC e kind of work done du Do NOT use retired.)	UPATION ing most of working	16b. KIND OF BUS	BINESS/INDUSTR	IV.			
by the	BE COMPL	17. FATHER'S NAME (First, Middle, Legt) AMCS 190. INFORMANT'S NAME (First-Print)	er Lowis		III. MOTHER'S MA	WE (First Widdle, Melden	West	RROK			
≥ 5 c 2	2	JAMES B. Lew.	196.	HAILING ADDRESS (S	Street and Number or Rural	Poute Number, Clayor Town	n, State, Zip Code	21244			
		20a. METHOD OF DISPOSITION 1 Burlel 2 Coremetton 3 Removal f 4 Donation 5 Other (Specify)	rom State 20b PLACE AN	D DATE OF DISPOSITI	ON (Name of)	3/12 /2	CATION — CHY O	r Town, Stata			
BALIIMOR Let death. Page 6 ma the funeral director, p. val. sl examiner must		H. AGNATURE OF FUNERAL SERVICE LICENSE	Red	22 Mg	ME AND ADDRESS OF FA	eal Lop	Vice 17	N. Monese			
within 24 hours aft pletely filled in by cremation. or remo		23. PART i. Enter the diseases, or comp shock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	ASPIRATION DUE TO (OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T			h as cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death 3 day S			
certificate be execution of the prior of the transmitted of the transm	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT)	JENCE OF):	27			3 4rs.			
E Be d	AL CE	PART II. Other significant conditions con						24b. WERE AUTOPSY FINDINGS			
w requires that the been signed by the pt. of Health and I shows any in	MEDICA	Mycobactereum o	avium inter	cellare	- intector	1 TYES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AL KE						_		1 YES 2 NO			
VIIAL AN: The law ifficate has I State Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
NG PHYSICIAN: The ter this certificate auth with the State marked, or Item	PHY	27. MANNER OF DEATH 1 Netural 5 Pending		28b. TIME OF 21	G. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED)			
TTENDING TOR: After after death	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At hom building, etc. (Specify)		1 YES 2 NQ	28t. LOCATION (Street a City or Town, State)	and Number or Ru	iral Route Number,			
	COMPLETE	onel	To the best of my knowledge, deat the basis of examination and/or in					se(s) and manner as stated.			
TO THE HISH TO THE FUE De filed w	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	whiis		29c. LICENSE NUI		29d. DATE SIGN	NED (Month, Day, Year)			
P P 3 %	2	30. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	J316°	7	3/0	1115			
5		31. DATE FILED (Month, Day, 16st) MAR 1 9 1003	32. REGISTRAR'S SIGNATURE								



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within commons after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. Of Hearth and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITA	RAI	12	= :
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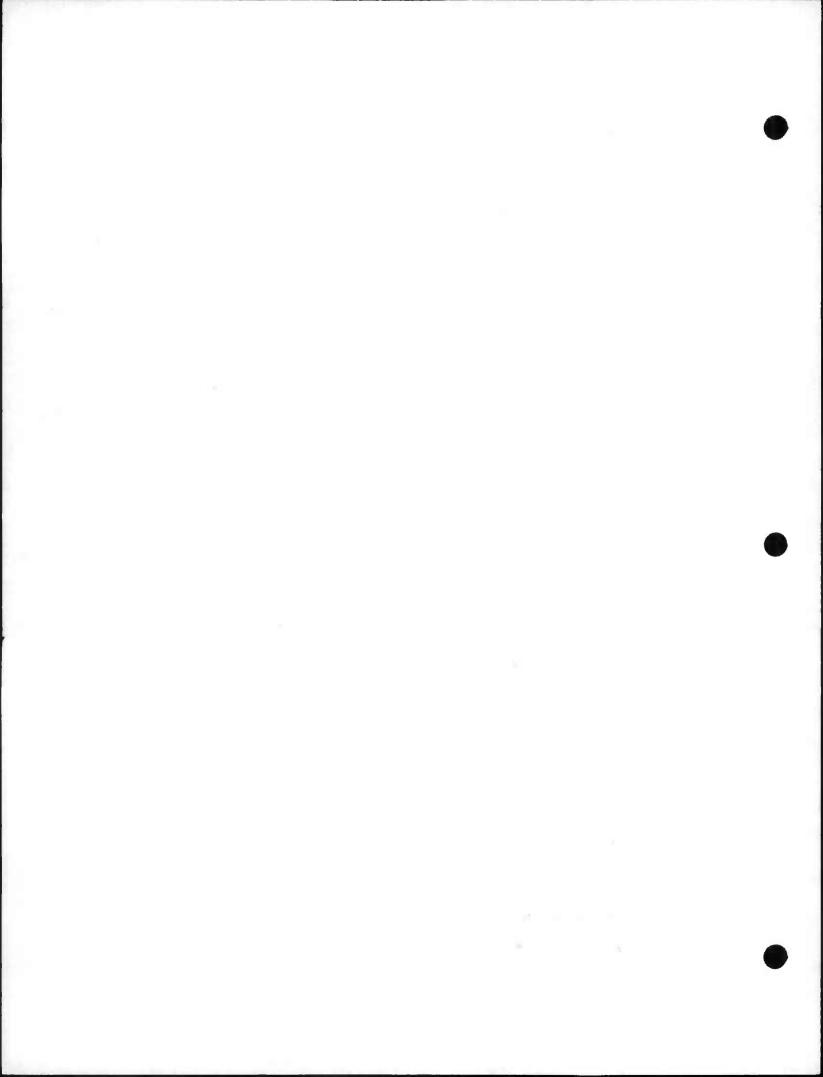
	TEGIOTIAN				OCITI III	IVALL	- 01	DEV		HEG. NO	<i>)</i> .		
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
	MARY LO	MBARD	Т							2011/2		93	10:15pM
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	-5		ACE (State or Foreign
	215-22-92	0.1	1 □ M 2 😿 F	101111111111111111		MONTHS	DAYS	HOURE	MIN.	(Month, Day, Year)		Country)	
			21	64	1172					March24.1			laryland
_	9a. FACILITY NAME (If not in		,			9b. CITY	, TOWN	OR LOCATI		EATH	7.00.00.00	NTY OF DEAT	
5	Riverview	Nursi	19 Home					Ess	ex		Ba	altimo	ore
5	RESIDENCE OF DEC												
2	Md .	10b. COUNTY	, Baltimor		10c. CIT	Y, TOWN						10	Id. INSIDE CITY
ā	Ma.		Bartrmor	.e			MI	dd1e	RIV	er		1	YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER						10	. ZIP COD	E		10g. CITI	ZEN OF WHA	T COUNTRY?
3	12 Whit	othown	T-7							1000			
Z	11. MARITAL STATUS	ethori	12. WAS DECEDEN	IT EVED IN II S	ADMED	12	WAS DEC	ENDENT (1220 NIC ORIGIN? (Specify Ye	n or No	IISA	American Indian.
3	1 Never Married 2	Married	FORCES?	YES 2	NO		If yee, sp	ectfy Cubi	ın, Mexica	in, Puerto Ricen, etc.)	is or No-	Black, V	Vhite, etc.
B	3 Widowed 4 Dive		IF YES, GIVE Y	MAR OR DATES		- 1	1 🗌 YES	2 🗆 🥨	Specif	y:	- 1	Specify:	
	21.		2477011							1	1		hite
COMPLETED	(Specify on	EDENT'S EDU y highest grade	completed)	160.	(Give kind of the Do NOT u	work done	during me	ON let of worki	ng	166. KIND OF BU	JSINESS/IND	USTRY	
"	Elementary/Secondary (I	3-12)	College (1-4 or 5	+)	me. Do NOI U	se rearea.)							
A P	7th				Hous	sewif	Ēe						
ŏ l	17. FATHER'S NAME (First, M							18. MOT		ME (First, Middle, Maide			
BE (Michae	:1 Col€	9						F	lorence E	ccles	ton	
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	and Numbe	or Rural	Route Number, City or To	wn, State, Zip	Code)	
2	77-1												
	20a, METHOD OF DISPOSIT	Erric	kson	20h DI A	CE OF DISPO	Whi	tet	orn	Way	Raltimo 20c. U	ro Ma	City or Town	d 21220
	1 Buriel 2 Crematic	on 3 🗆 Rem	oval from State							y 3/18/93			
- 1	4 Departion 5 Other	, , , , , ,		_ Gar	uens (ROSSV	ille	Ma.
	21. MIGHATURE OF FUNERA	L SERVICE LIC	ENSEE	1 1	/			ND ADDRE	-				
	(N/C	W.E	. 1 0	11/1	4. 0	/ Co	nne.	llyFi	inera	alHome 300	MaceA	ve. 2	1221
	23. PART I. Enter the d	leadeles av	1 st 1 CC	t annual the	doub Do		. Also asse	de ed de	laa aya	h as souther as as	I construction	NAME OF TAXABLE PARTY.	1. 4
	shock, or h	eart fellure.	List only one ca	use on sach l	ine.	not enter	the mo	ide of dy	ing, suc	n es cardiac pr rea	piratory an	est,	Approximata interval Between
	IMMEDIATE CAUSE (FI	nai				0							Onset and Death
	disease or condition resulting in death)	→	. 4	DEM	10 0	rois	ON	NG					2 weeks
	disease or condition resulting in death) a. UNEMIC POISONING DUE TO (OR AS A CONSEQUENCE OF): CHRONIC REWAL FAILURE										2 weeps		
2			C,	HRONI	C A	EW	AL	1	-AI	LURE			2 mon /le
9	Sequentially list conditions, If any, leading to immediate												
8 I	cause. Enter UNDERLY	ING											!
Ĕ	CAUSE (Disease or injute that initiated events	JIY	DUE TO	(OR AS A CON	SEQUENCE C	F):							
E	resulting in death) LAS	T	4										
CERTIFICATION			4.										
EDICAL	PART II. Other significa			death but no	ot resulting	in the u	ndertyin	g cause	given in	Part I. 24a. WAS A	N AUTOPSY		ERE AUTOPSY FINOINGS
5	PA	MAPH	EGIA							1 YES		C	OMPLETION OF CAUSE
											7.10		F DEATH?
Σ										_			YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED 1												
5	EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF I	DEATH (C	neck only one)			
YS.	1 TYES 2 NO		1 Inpatient 2	☐ ER/Outpatien	3 🗆 DOA			ne 5 □ R	esidence	6 🗆 Other (Specify)			
품	27. MANNER OF DEATH		28a. DATE Of	F INJURY Day, Year)	28b. Til	WE OF		JURY AT		28d. OEŞCRIBE HOW	INJURY OC	CURED	
BY		Pending investigation				M		YES 2	□ NO				
										r or Rural Rou	te Number,		
回	4 Homicide	determined	bunding	, etc. (Specify)						City or Town, Stat	9)		
COMPLETED	29a. CERTIFIER									L			
4	tomon only									s to the cause(s) and m			
Ö	2 MEC	ICAL EXAMINE	R: On the basis of	examination and	/or investigati	on, in my	opinion,	death occu	red at the	time, data and place,	and due to th	he cause(a) a	nd manner as stated.
m l	296. SIGNATURE AND TITLE	E OF CERTIFIE	R //						ENSE NU				fonth, Day, Ybar)
0	Nome	and	Klesin	an h	in			M	0 7	09019	> 3	3/16	143
2	30. NAME AND ADDRESS O	F PERSON WH	IO COMPLETED CAL	ISE OF DEATH (TEM 27) (1)/p	e, Print)						/ -	
	NORMAN	R	KLET M	BN	mo	-31	803	EZ	140	NDSON 1	UE	21	229
	31. DATE FILED (Month, Day,			AR'S SIGNATUR									,
			3 Lulia			1.0							
	MILLA	U 300	I Bearing	120,20 March	_UUUTUAL								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be rotained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune he find within 72 hours after death with the State Dect, of Health and Mental Hydiene prior to burial, creamation, or removal	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hydiene prior to buriat, cremation, or removal
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPA CERTIFICATION CERTIFICATI	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	33 07414						
	1. DECEDENT'S NAME (First, Middle, Lest) BENJAMIN W. LEBO		2. DATE OF DEATH MONTH DAY	YEAR 93 0349 Am						
E D	4. SOCIAL SECURITY NUMBER 214-37-6823 5. SEX 6. AGE (in yrs. lest birthday YRS.	MONTHS DAVE MOURE AND	7. DATE OF BIRTH (Month, Day, Year) 08 26 92	6. BIRTHPLACE (State or Foreign Country) Mary Land						
TOR	9a. FACILITY NAME (If not institution, give street and number) University of MD Medical Center RESIDENCE OF DECEDENT	BALTIMORE (ITY OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY 10c. C	Glen Burnie		10d. INSIDE CITY LIMITS? 1 "YES 2 M NO						
FUNERAL	100. STREET AND NUMBER 723 Marley Ave.	101. ZIP CODE 2 i 2 0 j		ted States						
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic. 1 — YES 2 NO Specif	NIC ORIGIN? (Specify Yes or No— an, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) O 16a. DECEDENT' (Give kind of the Do NOT (Infant)	'S USUAL OCCUPATION of work done during most of working use retired.)	16b. KIND OF BUSINESS/INO	USTRY						
BE CON	17. FATHER'S NAME (First, Middle, Last) CARL L. LEBO	18. MOTHER'S NA	AME (First, Middle, Maiden Surname) 1 A 3 Allen							
10	196. INFORMANT'S NAME (Type/Print) Carl L. & Alycia J. Lebo 723	MARLEY AVE	Route Number, City or Town, State, Zip NUE Glen Burn	code) 21060. nie Maryland						
	20a. METHOD OF DISPOSITION 1 🔀 Buriel 2 □ Cremetton 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	eof Disposition (Name of other place) St Mem. Cemetery	3+20-93 Annano1	is. Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENGEE	22. NAME AND ADDRESS OF FA Kirkley-Ruddi	ck Funeral Home							
	PART I. Enter the diseases, or complications that caused the death. Do ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel.)	not enter the mode of dying, suc	th as cerdiec or respiratory arm	est, Approximate interval Between Onset and Death						
	disease or condition resulting in death) a. electromechar DUE TO (OR AS A CONSEDUENCE	nical cardiac	dissociation							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Candiac failure DUE TO (OR AS A CONSEQUENCE DF): C. Broncho - pulmonary dysplasia DUE TO (DR AS A CONSEQUENCE OF): d.									
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CIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
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COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER (1)	29c. LICENSE NU	MBER 29d. DATE	SIGNEO (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (TOTAL TO TOTAL PALMER MD 22 South	oe, Print)	± 21201 Ba	ltimore						
	31. DATE FRED WATER DOWN WATER 132. REGISTRAR'S SIGNATURE MAR 19 1993	lia Savidour Rondalla	MC	A GIGTIO						
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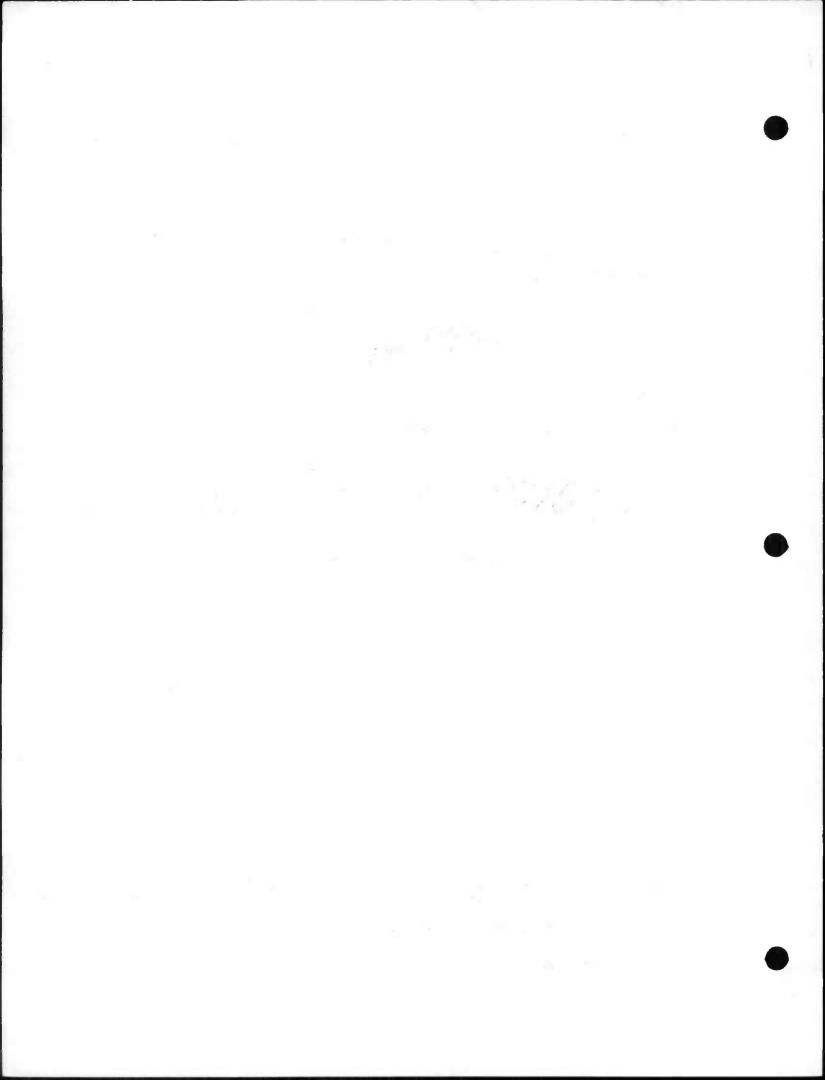
BALTIMORE, MARYLAND 21215-0020

Once. notified at pe must medical examiner the event, traumatic other 10 Injury, shows any item 23 this certific HOSPITAL DR ATTENDING PHYSICIAN 28 is marked, or the DIRECTOR: After the hours after death w TO THE HOSPITAL DR ATTO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: It Item 2:

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATN MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN YEAR MIRA LALICH March 16, 11:25 P.M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year, June 7, S. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 🗆 M 2 🖵 F DAYS HOURS 219-22-0890 67 YRS. 1925 Maryland 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 2012 W. Rogers Ave. Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2012 W. Rogers Ave. 21209 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 3 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Stephen Vukcevich Jenny Jovanovich BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Nick A. Lalich same as #10a - #10f 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donation 5 C Other (Sough) Loudon Park Cemetery 3-20-93 Baltimore, Maryland 21. SIGNATURE OF ENNEAL SERVE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. Ernest 1050 York Rd. Towson, Maryland. 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, **Approximata** shock, or heert fellure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death diseese or condition resulting in death) Varcon DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED! 1 TES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: 1 YES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA me 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) Natural 28b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO ВҰ Accident 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER (Check ank (Check ank (Check ank (Check ank (Check ank (Check ank (Check ank (Check ank (Check ank (Check ank (Check ank (Check ank (Check (C 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vant) BE 89 3 Torsen 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Fouad M. Abbas, M.D., 419 W. Redwood St. Suite 500, Balto. Md. 21201 32. REGISTRAR'S SIGNATURE



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ng physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P. 2. "Se filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	
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07417 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH MOA 3 30 EVA LEDSINGER 93 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 TF MONTHS DAYS HOURS MIN 214-74-2932 93 YRS 10-27-1899 MARYL AND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 💢 YES 2 🗌 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10c. CITIZEN OF WHAT COUNTRY? 1106 DECKER AVENUE 21224 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married II yes, specify Cuban, Maxican, Pt 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: WHITE B∀ 3 🔯 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 8 YEARS HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MICHAEL ROZANSKI BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 FRANK SCHAFFER MR. 6736 BOSTON AVENUE BALTO. MD. 20s, METHOD OF DISPOSITION
1 🔯 Burial 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State COAKCAWN O'CEMETERY 3-18 Donation 6 - Other (Specify) _ BALTO. MD. 21224 21. SIGNATION OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ACZOROWSKI FUNERAL HOME FLEET ST. BALTO. MD 2525 23. PART L. Enter the diseases, or complications hat caused the death. Do not enter the mode of dying, auch as cardiec or respiratory errest, anock, or heart feliure. List only one cause on each line. **Approximate** interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Perpiratory resulting in death) eural CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF) if any, leading to immediate DUE TO (OR)S A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the undariying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 | atlant 2 - ER/Outpatient 3 - DOA 27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO 84 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 193 2 Hurch



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending any calculations and completely filled in by the funeral director, page 5 should be detached for use as the burillativate princip press 1, 2, 3 should be filled within 72 hours after death with the page 1 filed 23 shows any Injury or either frammable press; the medical paraminar must be notified at lance.

	1. DECEDENT S NAME (First, Milder, Last)	Richard	Eugen	e Mc(Ginnis		2. DATE OF DEATH	DAY	YEAR 93	CO IDA M	
			AGE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPL	ACE (State or Foreign	
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ا ع	Baltimore County General Hospital Randallstown Baltimore										
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ਫ਼∣	10e. STREET AND NUMBER				10	r. ZIP CODE		10g. CITU	ZEN OF WH	AT COUNTRY?	
FUNERAL	8301 Windsor Mill						244			tates	
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COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npleted)	16a. DE(CEDENT'S USI	JAL OCCUPAT done during m tired.)	ON ost of working	16b. KIND OF	BUSINESS/IND	USTRY		
<u> </u>	7th grade	College (1-4 or 5+)	iite.		eirod) Painte			,	D - f - t-	•	
Š	17. FATHER'S NAME (First, Middle, Last)			1	ainte				Paint	ıng	
BE CC	Ric	chard McG						en Surneme) a Mae Smith			
19e. INFORMANT'S NAME (Type/Print) Robert D. McGinnis 2930 Kuntz Road Baltimore, MD 21244 20a, METHOD OF DISPOSITION 1 [ABurlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of the polace) 4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, open play, crametory, or other place) 4 Donation 5 Other (Specify)											
									CATION — City or Town, State		
									n, maryrand		
	22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, INC. 8728 Liberty Rd Randallstown, MD 21133-47										
	23. PART i. Enter the diseases, or com	plications that ca	usad the de	ath. Do not	antar the m	oda of dying, suc	th sa cardiac or re	apiratory sm	est,	Approximate	
ahock, or haert fallure. List only one ceuse on asch line. IMMEDIATE CAUSE (Final									Interval Between Onset and Death		
	disease or condition resulting in death) s	ICEV	AS A CONSEC	9114	ve						
,		DOE TO (ON	AS A CONSEC	DENCE OF):							
RTIFICATION	Sequentielly list conditions, if sny, leeding to immediate	DUE TO (OR	AS A CONSEC	UENCE OF):							
2	CAUSE (Disease or injury	DIJE TO (OR	AS A CONSEC	HENCE OF						ļ	
	thet initiated events resulting in deeth) LAST	1002 10 (011	AS A CONSEC	DENCE OF J.						i	
CE	- a-									+	
Z I	PART II. Other aignificant conditions c	ontributing to dea	th but not re	sulting in t	he underlyir	g cause given in	Part i. 24s. WAS PER	AN AUTOPSY FORMED?	A	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO	
EDICAL							1 🗆 YES	2 _MO		OMPLETION OF CAUSE F DEATH?	
Σ									1	YES 2 THO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Ch	eck only one!				
		OSFITAL:	Outpatient 3		THER:		8 Other (Specify)				
Ė	27. MANNER OF DEATH	28e. DATE OF INJU	JRY	28b. TIME OF	28c. IN	JURY AT	28d. DESCRIBE HO	W INJURY OCC	URED		
4	1 Natural 5 Pending 2 Accident Investigation	(moriar, bay, re	rar)	INJUNI		YES 2 NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At hor (Specify)	ne, term, atree	it, fectory, offi		28t. LOCATION (Stre City or Town, St	et and Number (ste)	or Aural Acu	te Number,	
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. CERTIFIER (Check only one) 29b. CERTIFIER (Check only one) 29b. CERTIFIER (Check only one) 20b. CERTIFIER (Check only one)											
S C	(Check only one) 2 MEDICAL EXAMINER: C									nd menner se stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NUI	MBER O (29d. DATE	SIGNED (M	lonth, Day, Year)	
B B	De Jeguero	V				24	1441	> 3	5/16	193	
=	Sylu MA Ril	MPLETED CAUSE OF	F DEATH (ITEM	27) (Type, Prin	nt)	ŠII.	**	•			
	31. DATE FILED (Month, Day, Year) 12. BEGISTDAR'S SIGNATURE WAR 1 9 1993										

BALTIMORE, MARYLAND 21215-0020

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may	O. D.		1
9 90	rect		1
Pa.	al d		1
10 IME HUSH IAL UK AT LENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained to	e fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT If item 28 is marked or item 23 shows any injury or other traumatic avent the marked aventions are at a contract
after	W th	TIOVA	100
SITI	, c	If rel	- None
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT (E		0/4/9
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	<u> </u>	DLA		2. DATE OF D	G. NO.		T	3. TIME OF DEATH
	MARY LENORA ME	DICUS							3-14-9	DA	Y	YEAR	o. Time of beauty
	4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) # UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH									6. BIRTHP	LACE (State or Foreign	
	216-24-4111	1 ☐ M 2 😡 F	62	YRS.	MONTHS D	MYS	HOURS	MIN.		(Month, Day, Year) 12-10-1930		Mars	vland
-	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	OWN O	R LOCATI	ON OF D				TY OF DE	
DIRECTOR	4207 Deer Park Rd				Ra	nda	11st	own			Balt	imore	County
1 2	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												
ä	Maryland Baltiman C											LIMITS?	
AL	106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?												
FUNERAL	4207 Deer Park Rd					2	1133				11	SA	
5	11. MARITAL STATUS 1 Never Married 2 Married		IT EVER IN U.S. AR		13. WA	S DECE	NDENT C	F HISPAI	NIC ORIGIN? (Sp	ecify Yes			- American Indian, White, atc.
IF YES CIVE WAR OR DATES							Specify.						
	15. DECEDENT'S EDUC	ATION	18a DE	CEDENTIE	USUAL OCCL	IDATIO:							White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	ive kind of Do NOT u	work done duri	ng mos	t of working	g	16b. KINC	OF BUS	INESS/IND	USTRY	
릴	8th Grade	College (1-4 or 3		nemak	er								
ŏ	17. FATHER'S NAME (First, Middle, Last)		1101	·Cintar		Т	18. MOTH	IER'S NA	ME (First, Middle,	Maiden S	Surname)		
BE (Leonard Cochra	ne					Ca	ther	cine Ja	cobs			
0	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (S	treet an	d Number	or Rural I	Route Number, Cit	y or Town	, State, Zip	Code)	
	Mr. Frank Medicus		42	07 D	eer Pa	ark	Rd.	Ra	andalls	town	, MD	211	.33
	20a. METHOD OF DISPOSITION RESERVED 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify)	val from State	20b. PLACE A cemetery, crei	MD DATE	OF DISPOSITIO	N (Nan	ne of					City or Town	n, Stata
	Gallison, Fib												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.										ne		
	8728 Liberty Rd. Randallstown MD 21133												
	23. PART Inter the diseases, or conshock, or heart fallure. L	omplications the	t caused the decise on each line.	ath. Do r	ot enter the	mod	e of dyl	ng, suc	h ee cardlec d	r reepir	atory arr	eat,	Approximate
H	IMMEDIATE CAUSE (Finel dieeese or condition	5 A		^ _	0 +			0					Interval Between Onset and Death
	resulting in death)	Ph	0100	سلا		1	60	- V	-cria				0
	B	C DUE TO	(OH AS A CONSEC	R AS A CONSEQUENCE OF)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEC	UENCE OI	ī:		0			_			-
S	cause. Enter UNDERLYING CAUSE (Disease or Injury												İ
E	that initiated events resulting in deeth) LAST	OUE TO	(OR AS A CONSEO	UENCE OF	7:								
開	d.												
	PART II. Other significent conditions	contributing to	death but not re	sulting i	n the under	lying	cause g	Iven In	Part I. 24a.	WAS AN A	UTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICA	Chance		5~~							PERFORM	IED?	A	VAILABLE PRIOR TO OMPLETION DF CAUSE
WEL									_ '	YES 2 (NO		F DEATH?
													_ 123 2 _ NO
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				8. PLA	CE OF DE	ATH (Che	ock only one)				
PHYSICIAN:	1 YES 2 NO	1 Inpatiant 2	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing	Homa	5 Res	idence	6 Other (Spec	ify)			
퓝	27. MANNER OF DEATH 1 Natural* 5 Pending	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIMI INJ	URY	WOR	RY AT		28d. OESCRIBE	HOW IN	JURY OCC	URED	
B	2 Accident Investigation	20. 81 405 0	F IN HIERON				S 2	NO					
9	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At hon atc. (Specify)	na, term, s	treet, factory,	offica			28t, LOCATION City or Town	(Street an n, Stata)	d Number o	or Runsi Rou	te Number,
COMPLET	29a, CERTIFIER												
MP	(Check only one)	AN: To the best of	my knowledge, dea	th occurre	d at the time,	data a	nd placa,	and dua	to the cause(a) a	nd mann	er as state	d.	
	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	. On the balls of gr	annination and/or in	rvestigatio	n, in my opinie					eca, and	dua to the	cause(a) a	nd menner as stated.
H	290. SIGNATURE AND TITLE OF CERTIFIER	1	EVB	AA		1	O (NSE NUM	BER		29d. DATE	SIGNEO (M	()
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OEATH (ITEM	27) (Type	Print)		11,	- 13))		3	101	"
	86206, 130	SIC	- Nu	00	Ro	les	20	20		MY	15 0	133	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE						- •		- 1		
	MAR 1 9 1993	Julia Da	undson-Ran	delle									
	N PO IN	U_											DHMH-16 Rev 1/8

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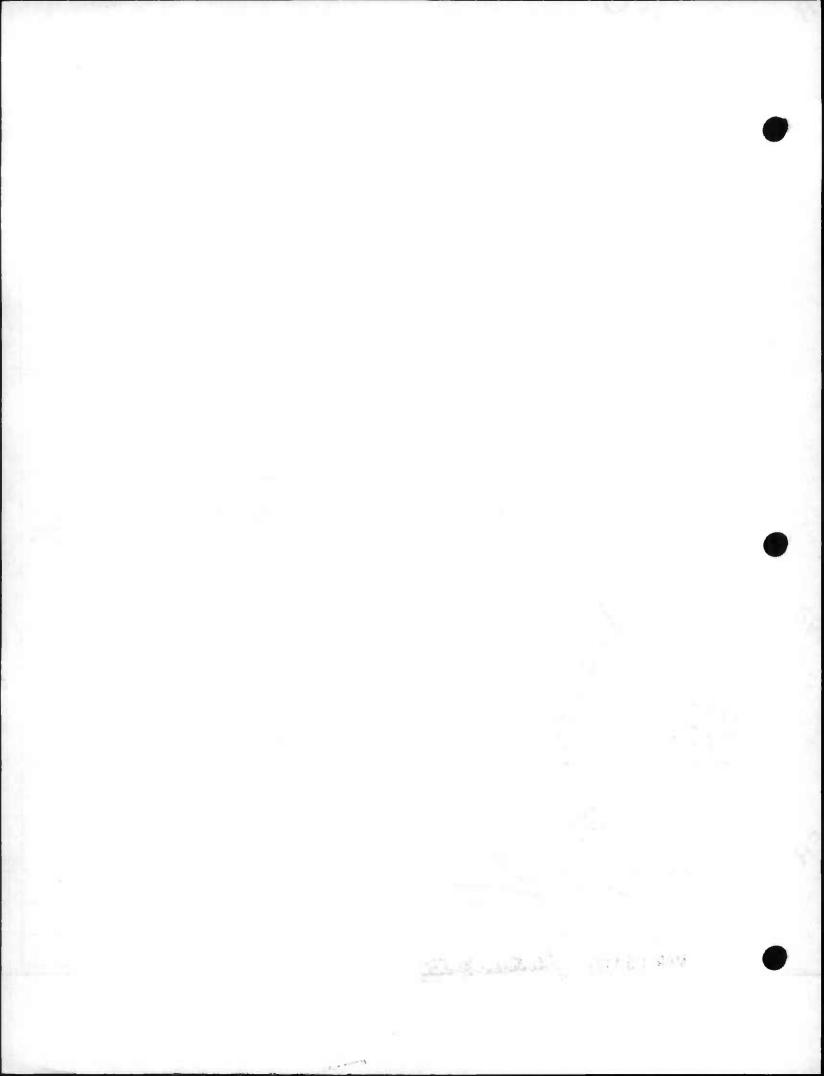
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	~	216 98. FA VA FIES 108. S MAF 109. S 281 1 1. MA FIES 17. FAI JOS 198. IN CLI 209. M M M B 21. SIGN 198. IN MAR 19
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be delached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequif any cause that i result that i result 1 25. WA EA 1 1 2 27. MA 1 2 29c. Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, La DAVID LOUIS MART					DEATH		REG. NO			
DAVID LOUIS MART	(3t)					2. DATE	OF DEATH			3. TIME OF DEATH
DUATO FOOTS LIVING	TIN					Mont	15	AY	93	3:50P
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birt	thday) _ IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign
216-20-4524	1 💢 M 2 🗌 F	64	YRS. MO	NTHS DAYS	HOURS MIN.	2-	4-29 (par)			LAND
9a. FACILITY NAME (If not institution, gi	ve street and number)		96	b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN		
VA MEDICAL CENTE	IR .		F	ORT HO	WARD			BALT	IMOF	RE
RESIDENCE OF DECEDENT										
10e. STATE 10b. COL	INTY			OWN OR LOCA	TION					10d. INSIDE CITY _LIMITS?
MARYLAND			SALIT	MORE						1 X YES 2 NO
10e. STREET AND NUMBER					f. ZIP CODE					VHAT COUNTRY?
2815 GWYNN FALLS				2	1216				USA	
11. MARITAL STATUS 1 Never Married 2 XXMarried	12. WAS DECEDENT, E FORCES? 1 X	YES 2 NO)	13. WAS DE	CENDENT OF HISPA ecity Cuban, Mexic	ANIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Indian, c, White, atc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR			1 TYES	2 XNO Spec		rinount, within		Speci	fy:
				1					BL/	ACK
15. DECEDENT'S I (Specify only highest g	rade completed)	16e. DECED	dind of work	UAL OCCUPATI done during me stired.)	ON ost of working	16	b. KIND OF BU	SINESS/INDI	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)			RIVER						
9th 17. FATHER'S NAME (First, Middle, Lest)		INU	OK D	IVT A T.IV	1					
JOSEPH MARTIN					BEULAH	AME (First,			D) B	LACKMON
19a. INFORMANT'S NAME (Type/Print)		т						EGMON		
CLINICAL RECORDS	•				and Number or Rura					.0
		1			NTER, FO	_				
20e, METHOD OF DISPOSITION XX Burlal 2 Gremation 3 G	emoval from State	20b. PLACE AND cemetery, cremate	ory or other	plece)		DAT		CATION — C	ity or To	wn, State
4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	Liosnoss	Garriso	on Fo			1322	93 Ow.	ings I	Mill	s, Md
21. SIGNATURE OF FUNERIAL SERVICE	LICENSEE				ND ADDRESS OF P	ACILITY		J		•
Sala	Thus	r h			r/n west Wabash A	100110				
resulting in deatin)	8	A AS A CONSEQUE		TORY F	AILURE					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. C DUE TO (OI		NCE OF): DBSTR NCE OF):			ARY D	ISEASE			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. C DUE TO (OI C. DUE TO (OI d.	R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER MACHINE TO THE PROPERTY OF	NCE OF): DBSTR NCE OF): NCE OF):	UCTIVE	PULMONA		ISEASE 24e. WAS AN PERFOF 1 YES 2	AUTOPSY 3MED?	24b	AWAILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditionally	b. C DUE TO (OI C. DUE TO (OI d. Lions contributing to de	R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER MACHINE TO THE PROPERTY OF	NCE OF): DBSTR NCE OF): NCE OF):	UCTIVE	PULMONA	Part I.	24e. WAS AN PERFOR	AUTOPSY 3MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OI DUE TO (OI d. CHOOSE CONTRIBUTING TO de ERY DISEASE HOSPITAL:	R AS A CONSEQUENT AS A CONSEQU	NCE OF): DBSTR NCE OF): NCE OF):	UCTIVE	PULMONA	Part I.	24e. WAS AN PERFOR	AUTOPSY 3MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OI DUE TO (OI DUE TO (OI d. CONTROL OF TO (OI DUE TO	R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER	NCE OF): DBSTR NCE OF): NCE OF): itting in t	UCTIVE the underlyin 26. P THER:	PULMONA g cause given in	n Part I.	24e. WAS AN PERFOR	AUTOPSY MMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OI DUE TO (OI d. CHOOSE CONTRIBUTING TO de ERY DISEASE HOSPITAL:	R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER PACTURE TO THE PACTURE TO T	NCE OF): DBSTR NCE OF): NCE OF):	UCTIVE the underlyin 26. P THER: Nursing Hon F 28c. IN.	PULMONA g cause given in LACE OF DEATH (C	n Part I.	24e. WAS AN PERFOR	AUTOPSY MMED?		COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate	B. C DUE TO (OI C. DUE TO (OI d. D	R AS A CONSEQUER R AS A CONSEQUER R AS A CONSEQUER RAS A CONSEQUER RAS A CONSEQUER R/Outpetient 3 □ 0 JURY Year) 28	NCE OF): DBSTR NCE OF): NCE OF): riting in t DOA 4	Lithe underlying the underlying the Windowski Mursing Homer Windowski Mursing	PULMONA g cause given in LACE OF DEATH (C	heck only a	24a. WAS AN PERFOF 1 YES 2 (no) or (Specify) SCRIBE HOW I	AUTOPSY TMED? XI NO NJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending	B. OUE TO (OI DUE	R AS A CONSEQUENT AS A CONSEQU	NCE OF): DBSTR NCE OF): NCE OF): riting in t DOA 4	Lithe underlying the underlying the Windowski Mursing Homer Windowski Mursing	PULMONA g cause given in LACE OF DEATH (C	heck only o	24e. WAS AN PERFOR	AUTOPSY MMED? X NO NJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of P	B. OUE TO (OI DUE	R AS A CONSEQUENT AS A CONSEQU	NCE OF): DBSTR NCE OF): NCE OF): riting in t DOA 4	Lithe underlying the underlying the Windowski Mursing Homer Windowski Mursing	PULMONA g cause given in LACE OF DEATH (C	heck only o	24e. WAS AN PERFOR	AUTOPSY MMED? X NO NJURY OCC	URED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 1 1 1 1 1 1 1 1 1	DUE TO (OI DUE TO (OI DUE TO (OI d. DUE TO (OI d. DUE TO (OI A DUE TO (OI DUE TO	RAS A CONSEQUENT AS A CONSEQUE	DOA O INJURY	LICTIVE 26. P THER: Nursing Hon F 28c. IN M 1 1 et, factory, office	PULMONA g cause given in LACE OF DEATH (Come 5 Residence JURY AT SHK? 2 NO	heck only o	24e. WAS AN PERFOR 1 VES 2 The YES 2	AUTOPSY MED? X NO NJURY OCC and Number is state	URED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturn 5 Pending Investigation of the could not detarmined.	DUE TO (OI DUE TO (OI DUE TO (OI d. DUE TO (OI d. DUE TO (OI A DUE TO (OI DUE TO	RAS A CONSEQUENT AS A CONSEQUE	DOA O INJURY	LICTIVE 26. P THER: Nursing Hon F 28c. IN M 1 1 et, factory, office	PULMONA g cause given in LACE OF DEATH (Come 5 Residence JURY AT SHK? 2 NO	heck only o	24e. WAS AN PERFOR 1 VES 2 The YES 2	AUTOPSY MED? X NO NJURY OCC and Number is state	URED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigated investigated investigated investigated investigated in the condition of the conditi	DUE TO (OI DUE TO	RAS A CONSEQUENT AS A CONSEQUE	DOA O INJURY	LICTIVE 26. P THER: Nursing Hon F 28c. IN M 1 1 et, factory, office	PULMONA g cause given in LACE OF DEATH (Come 5 Residence JURY AT SHK? 2 NO	heck only o	24e. WAS AN PERFOR 1 VES 2 The YES 2	AUTOPSY IMMED? X NO NJURY OCC and Number is state didus to the	URED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Noute Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigating Suicide 6 Could not detarmined to the condition one) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINERY 2 MEDICAL EXAMINERY 2 MEDICAL EXAMINERY 2 MEDICAL EXAMINERY	DUE TO (OI DUE TO	RAS A CONSEQUENT AS A CONSEQUE	DOA O INJURY	LICTIVE 26. P THER: Nursing Hon F 28c. IN M 1 1 et, factory, office	PULMONA g cause given in LACE OF DEATH (Come 5 Residence SURY AT SPIK? YES 2 NO a a and place, end do	heck only o	24e. WAS AN PERFOR 1 VES 2 The YES 2	AUTOPSY IMED? IN NO NJURY OCC and Number of the date to the dat	d.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number, and manner as stated (Month, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigating Suicide 6 Could not detarmined to the condition one) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINERY 2 MEDICAL EXAMINERY 2 MEDICAL EXAMINERY 2 MEDICAL EXAMINERY	DUE TO (OI DUE TO (OI DUE TO (OI d. DUE TO	R AS A CONSEQUER R AS A	DOA O INJURY farm, street	the underlying 26. PTHER: Nursing Honey M 1 et, factory, office it the time, date in my opinion, or	PULMONA g cause given in LACE OF DEATH (Come 5 Residence SURY AT SPIK? YES 2 NO a a and place, end do	heck only o	24e. WAS AN PERFOR 1 VES 2 The YES 2	AUTOPSY IMMED? X NO NJURY OCC and Number is state didus to the	d.	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Route Number, and manner as stated (Month, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit CORONARY ART 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the could not detarmined to the could not detarm	DUE TO (OI DUE TO (OI DUE TO (OI d. DUE TO	R AS A CONSEQUER R AS A	DOA O A B B TIME O INJURY farm, street occurred a stigation, is	26. P THER: Nursing Hon F 28c. IN. W M 1 et, factory, office at the time, date in my opinion, of	PULMONA g cause given in LACE OF DEATH (Come 5 Residence SURY AT SHK? YES 2 NO a and place, end du feeth occured at the 29c. LICENSE No	heck only o	24a. WAS AN PERFOR	NJURY OCC and Number as state and due to the	d.	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Route Number, and manner as stated (Month, Day, Year)



The JOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a work of the float. Place 6 may be retained by the hospital or attending physician. The property of the property of the property of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be many within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	OF	DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND I		GIENE			
	1. DECEMENT'S NAME (First, Middle, Last)	-/8	132			2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH	
	RITA ELIZABE		10/A		1	3	17	95	I A M	
		1 M 2 CF	iE (In yrs. lest birthday) YRS.	MONTHS DAYS		7. DATE OF BII (Month, Day,	Year)	Coun		
	218-09-3392 9a. FACILITY NAME (If not institution, give	**	_73 YAS.	9b. CITY, TOW	OR LOCATION OF DE	6/17/1		MAL DUNTY OF	RYLAND DEATH	
DIRECTOR	MERIDIAN CROMWE	SON			ALTI	100				
RE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY LIMITS?	
		TIMORE		TOWSON					1 YES 2 NO	
FUNERAL		100. STREET AND NUMBER 101. ZIP CODE							WHAT COUNTRY?	
N.	1600 YAKONA ROAD	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS D	21204 ECENDENT OF HISPAI		ecify Yea or No-		S.A. E — American Indian, ck, White, atc.	
BY FL	1 Never Married 2 Married 3 XX/Idowed 4 Divorced	FORCES? 1 TY		If yes,	specify Cuban, Maxica ES 2 M NO Specif	in, Puarto Rican,			ck, White, etc. city: White	
ED	15. OECEDENT'S EDI (Specify only highest grad	UCATION (e. completed)	16a. DECEDENT'S	USUAL OCCUPA work done during	TION most of working	16b. KIND	OF BUSINESS/	INDUSTRY	***************************************	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	se retired.)						
COMPLETED	10th GRADE 17. FATHER'S NAME (First, Middle, Last)		RETA	TL. SALE	18. MOTHER'S NA		DEPT S			
		TNIOD			1			9)		
BE	MICHAEL J. O'CON 19a. INFORMANT'S NAME (Type/Print)	NNOR	19b, MAILING	AODRESS (Street	t and Number or Rural	MacAUL Route Number, Cli		Zip Code)		
2	RONALD M. MACK		209 B	RIGHT C	AKS DR.	BELATE	, MD 2	1015		
	RONALD M. FIACK 209 BRIGHT OARS DR. BELAIR, MD 21015 20e. METHOD OF OISPOSITION 3 GRamovel from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 4 Grammation 5 Grammation 5 Grammation (Specify) GARRISION FOREST VET. CEM. OWINGS MILLS									
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TOHNSON FUNERAL HOME									
	1/10	//			LOCH RAV			SON,	MD 21286	
	28. PART I. Enter the diseases, or shock, or heart feilure	complications that cau	sed the deeth. Do	not enter the	node of dying, suc	ch ss cardiac o	or respiretory	srreat,	Approximata interval Batween	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	4		Corman	y arter	dises	w		Onset and Death	
		oue to (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING									
	CAUSE (Disease or Injury	c. DUE TO (OR A	S A CONSEQUENCE (OFI:						
E	that initiated events reaulting in death) LAST	'a'							ļ	
						I .		1.	1	
PHYSICIAN: MEDICAL	PART ii. Other significant condition	ons contributing to deet	h but not resulting	in the underly	ing ceuse given in		PERFORMED? YES 2 NO		Ib. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ						—			1 TES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	heck only one)		_		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetient 3 DOA	OTHER:	ome 5 🗆 Residence		activ)			
Ĭ	27. MANNER OF OEATH	28a. DATE OF INJU (Month, Day, Ye.	RY 28b. TI		INJURY AT WORK?	1	E HOW INJURY	OCCURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		"		YES 2 NO					
COMPLETED E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — At home, farm, Specify)	street, factory, o	ffice	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
2	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my k	nowledge, death occur	red at the time, t	iate and place, and du	a to the cause(a)	and menner as	stated.		
OM	one) 2 MEDICAL EXAMIP	NER: On the beels of examin	ation and/or investigat	lon, in my opinio	n, death occured at the	e time, data and	place, and due t	o the cause	e(s) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFI		14		29c. LICENSE NU	IMBER	29d. I	DATE SIGNE	ED (Month, Day, Year)	
10 B	Minu C/G	givilente			1021	022		3-1	18-93	
F	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETEO CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)				alli in		
	DR KOWALEWSKI		HARFORD	ROAD						
	MAR 1 9 1993	32. REGISTRAR'S	- Andrew							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR	CATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) BERNARD J. MALINOWSK		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF OBATH						
	215-30-2855 1262□F 58 YRS. "	FUNDER 1 YEAR IF UNDER 24 HRS, ONTHS DAYS HOURS MIN.	NOV. 23,19							
CTOR	STATE OF BEATH									
DIRECTOR	Maryland Baltimore	rown on Location Reisterstown		16d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 242 Parkholme Circle	101. ZIP CODE 21136		10g. CITIZEN OF WHAT COUNTRY? USA						
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES 2 NO Specify	i, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: White						
COMPLETED	College (1-4 of 5+)	k done during most of working etired.)	18b. KIND OF BUSI	NESS/INDUSTRY						
M	H.S. Instal			& Flooring						
BE CC	Francis Malinowski	Hedwig		CANT.						
2	Joyce V. Malinowski 242 Par	odness (Street and Number or Aural Fi TRHOLME CITCLE	Reistersa	town. Md. 21136						
		Mem. Gardens 3	-19-93 Fir	ATION — City or Town, State 1KS burg, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Buan Pouell	22. NAME AND ADDRESS OF FAC	11824 Re	eisterstown Rd. Sterstown, Md.21136						
	 PART I. Enter the diseasea, or complications that caused the death. Do not shock, or heart feiture. Liet only one cause on each line. 	enter the mode of dying, such	as cardiec or respire							
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):	GARETION		Interval Between Onset and Death						
NO	Sequentially list conditions b.									
ICATI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST d.									
EDICAL C	PART II. Other aignificent conditions contributing to deeth but not resulting in	the underlying cause given in	PERFORM	IED? AVAILABLE PRIOR TO						
Σ			1 YES 2 [OF DEATH? 1 YES 2 NO						
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Che	ck only one)							
Si	1 Wee 2 Chio	THER: Nursing Home 5 Residence	B Other (Specify)							
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 280. DATE OF INJURY (Month, Day, Year) 28b. TIME Of INJURY (Month, Day, Year)		28d. OEŞCRIBE HOW IN.	JURY OCCUREO						
	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atre-building, etc. (Specify)	et, factory, office	281. LOCATION (Street en- City or Town, State)	d Number or Rural Route Number,						
COMPLETED	29e. CERTIFIER (Check only one) 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred a medical examiner: On the basis of examination and/or investigation, is									
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUM		29d. DATE SIGNEO (Month, Day, Year)						
TO BE	KUShi Houses Torce	1) 40390		► 3/17/93						
		5401 OWCOULTA	D. RAMPU	SOWN, MD 2033						
- 1	31. DATE NILED Month Day Year) . REGISTRAR'S SIGNATURE									

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FOR STATE REGISTRAR

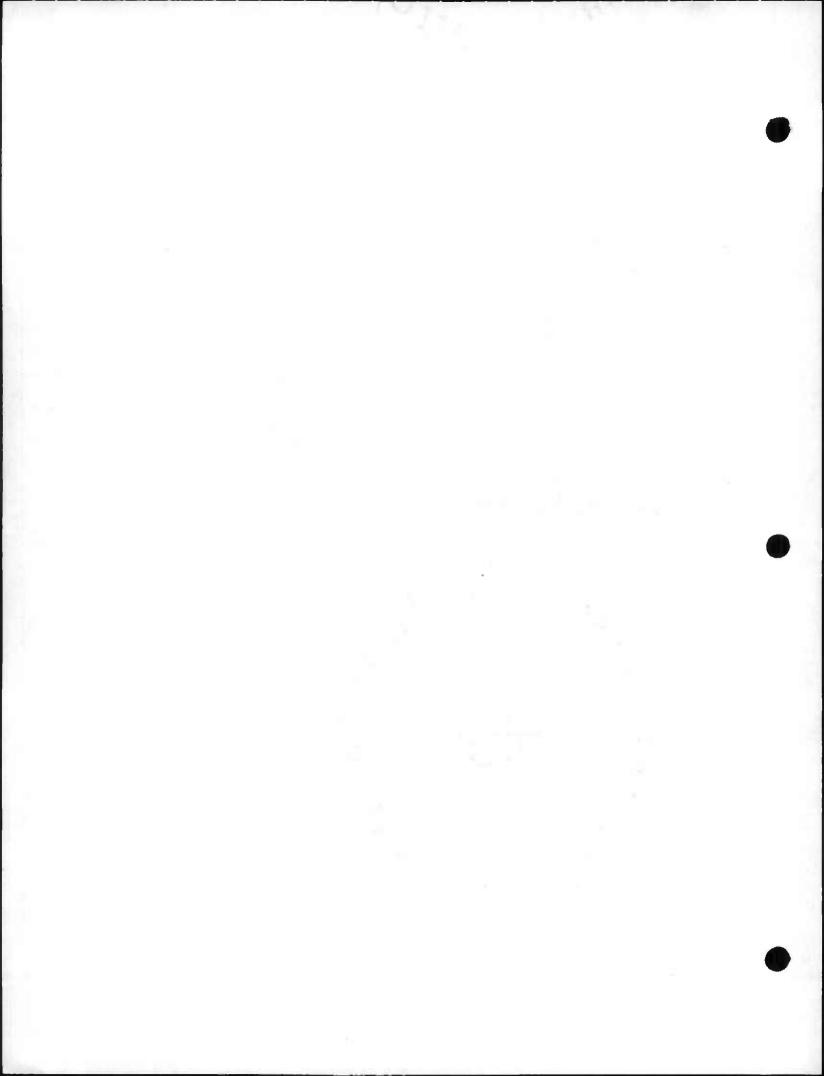
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	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF I	DEATH		3	TIME OF DEATH
		I	DA MARKS	S						MARCH 14, 1993			YEAR	6:15 P
	4. SOCIAL SECURITY NUM	5. SEX 6. AGE (In yrs. last bi			day) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF E	HRTH			ACE (State or Foreign		
- 1	216-07-928	84	1 🗌 M 2 🔀 F	88	MONTHS	HS DAYS HOURS MIN.		(Month, De	y, Ybar)		RUSSIA			
	9a. FACILITY NAME (If not in				9h, CITY	9b. CITY, TOWH OR LOCATION OF D			<u> </u>		9c. COUNT			
2	T.F	EVINDA	LE					LTIM		LAITI		SC. COOK!	T OF DEA	
2	RESIDENCE OF DE													
	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	ATION					10	d. INSIDE CITY
DIMECTOR	MARYLAND					BAI	LTIM	10RE						LIMITS?
اپ	10e. STREET AND NUMBER						1 1	of. ZIP COD	E			10a. CITIZE		AT COUNTRY?
ERAL	2500 W.	BELVE	DERE AVE	., APT.	811				21	215				
FUN	11. MARITAL STATUS		12 WAS DECEDE	NT EVED IN U.C.	OMED	13.	WAS DE	CENDENT (YE HISDAI	NIC ORIGIN? (S	nanify Year	or No. 1	USA	American Indian,
	1 Never Married 2	Married	FORCES?	1 YES 2	NO	- 1 -	It yes, s	pecify Cube	ın, Mexica	in, Puerto Ricar			Black, V	Vhite, etc.
B	3 X Widowed 4 ☐ Div	preed	IF TES, GIVE	WAH OH DATES			1 U YE	S 2XXNO	Specify	у:		- 1	Specify:	WHITE
9 1	15. DEC	EDENT'S ED	JCATION	16a. 1	DECEDENT'S	USUAL O	CCUPAT	ION		16b. KIN	D OF BUSI	NESS/INDU	STRY	
ETED	(Specify on Elementary/Secondary (y highest grad	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during m	nost of working	ng					
COMPL	8	,	College (1-4 of 5	"	DRES	S MAI	KER					CI	LOTHE	ES
5	17. FATHER'S NAME (First, A	fiddle, Last)						18. MOT	HER'S NA	ME (First, Middle	e Maidea S	(umame)		
2	(UNI	KNOWN)		MAGAZ:	INER						UNKNO			
0	19a. INFORMANT'S NAME (ADDRES	S (Street	and Number	r or Rumi	Route Number, C			Corde)	
2	MRS. RUTH									., BAL				215
	20a, METHOD OF DISPOSIT							-	TAD					
	1 N Buriel 2 - Cremati	on 3 🗆 Ren	noval from State	cemetery, c		ther place)				DATE		ATION — CI		
	BALTIMORE HEBREW 3-17-93 BALTIMORE,													
	SOL LEVINSON & BROS.												ROS., INC	
	the	\times $^{\prime}$	S	wo	1	6	060	REIS	TERS	TOWN R	D., E	BALTO	., MI	21215
FICATION	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFI	resulting in death) LAST													
T. II	PART II. Other aignifica	nnt conditio	ne contributing to	death but not	resulting	in the u	nderlyli	ng cause	given in	Part I. 24e	, WAS AN A			ERE AUTOPSY FINDIN
DICAL										1.5	PERFORM		C	MILABLE PRIOR TO OMPLETION OF CAUS
MED										— I.,	YES 2	Cuo		F DEATH?
≥ Z										-			1 2	VA NO
< ∥	25. WAS CASE REFERRED 1	O MEDICAL					28 5	28. PLACE OF DEATH (Check only one)						0701
SICI/	EXAMINER?		HOSPITAL:			OTHE	R:							
> II	1 YES 2 NO		1 Inpatient 2		28b. TIN				esidence	8 Other (Sp				
F		Pending		Day, Year)		JURY M	W	JURY AT ORK?		28d. DEŞCRIE	BE HOW IN	JURY OCCU	IRED	
à	2 Accident	Investigation	00 51 105	OF 101 10 1001				YES 2	NO					
	3 Suicide 8 4 Homicide	Could not be determined	building	OF INJURY — At I	home, term,	street, tec	tory, offi	Ice		281, LOCATIO City or To	N (Street an wn, State)	d Number of	r Rural Rou	te Number,
COMPL	onel		ER: On the best of											nd manner ee stated
_	296. SIGNATURE AND TITLE	_				_		-	ENSE NUI					offth, Day, Year)
ᆲ		20	>u	>_					7/	IA		A DATE:	SIGNED (M	G S
2	30. NAME AND ADDRESS O	L DEDUCTO AL	IOICOMBI ETEO CO	ISE OF DEATH	EM on ~	Dw/*		1	///	LV		-0/	177	13
	/ A	S.	PALL	D A A	CM 2/) (Type	A			715	1		- '		
	60	04	Aru	May	~(>	WI			46	17				
	31. DATE FILED (Month, Day,			AR'S SIGNATURE										
	MAI	219	1003 4	Mia David	- B	200								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DHMH-18 Rev 1/89



detached for use as the burial-transit permit. Pages 1, 2, 3 should

notified at

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REGISTRAR'S. SIGNATURE

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9 1993

31. DATE FILED MO

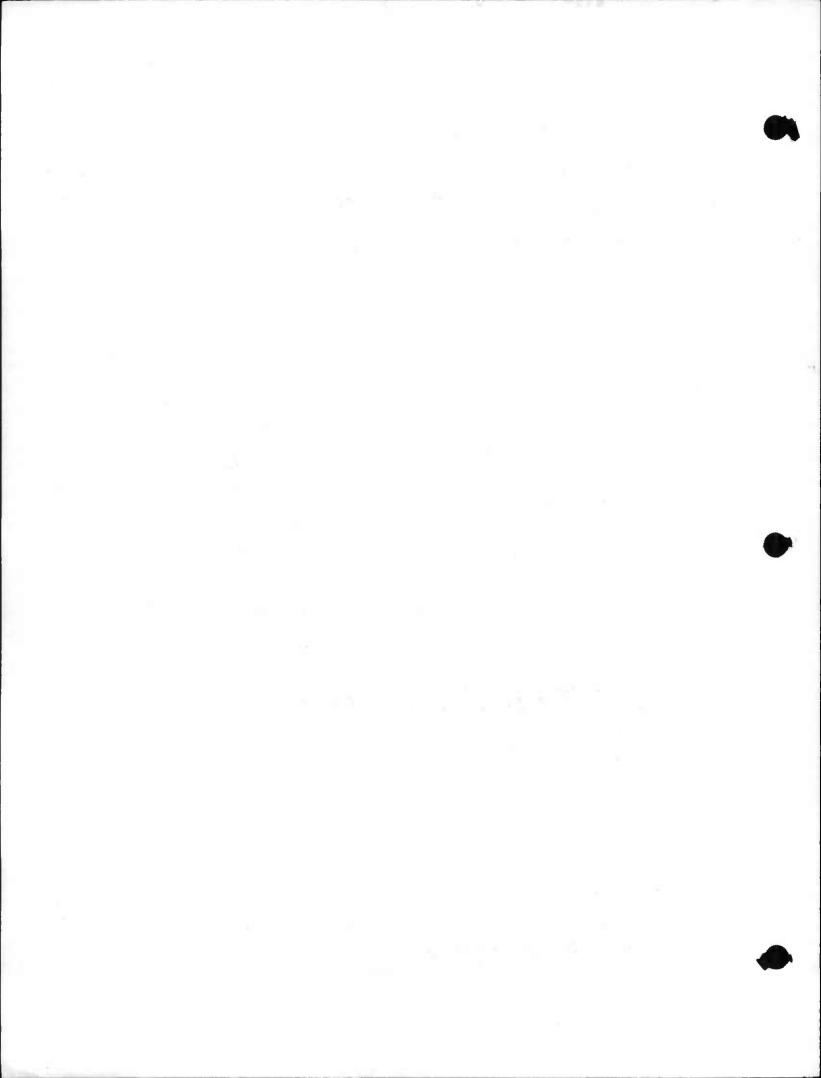
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page !	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be n
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH YEAR MiLLe 30 pm 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. last birthday) 6. BIRTHPLACE (State or Foreign Country)
Mary land IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 213-26-1174 1 - M 2 F HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimor General RandallStown Baltimore FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mary Baltimore Baltimore 1 YES 24 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 258 Avenue pudon 21229 U. 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 2 Merried If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 W NO Specify: 1 Never Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION lecify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Domestic Homemake 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number of 2 Deborah 21229 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF OISPOSITION /Name of 28c. LOCATION - City or Town, State DATE Cremation 3 3/20 4 Donation 5 Other (Specify) Deucland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAVE (BUX Brian SYKESVIlle 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepirg shock, or heert fellure. List only one ceuse on each line. **IMMEDIATE CAUSE (Finel** cerebral diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): em beli COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST -un ·c PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 - NO e and cates schosez 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

1 Dispatient 2 ER/Outpetient 3 DOA OTHER 1 - YES 2 7 4 🗆 Nur se 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basis of examination of 29d. DATE SIGNED (Month, Day, 17-95 1917/ 3 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21133



BALTIMORE, MARYLAND 21215-0020	within it hours after death. Page 6 may be retained by the hospital or attending physician	pletely filled in by the funeral director, page 5 should be detached for use as the budgi-trz cremation, or removal.	ent the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ** hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burga-transit be filed within 72 hours after death with the State Dect, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be neithfied at once

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

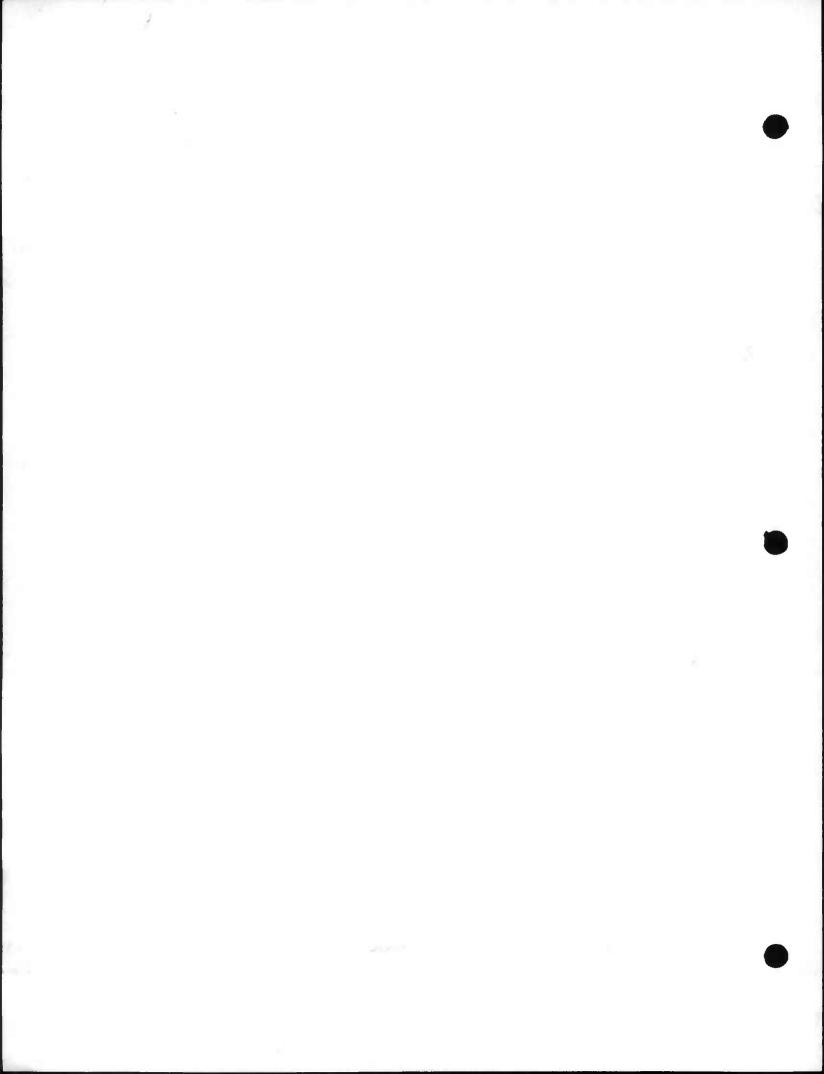
	TICOISTIBIL				CLATIF	CALL	F DEA	i n	HEG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH		YEAR 3.	TIME OF DEATH
	Mary M	· Nar	owanski	е					3 18 1993 12.30			
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HR			24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	213-09-2	961	1 🗆 M 2 📡 F	,	76 YRS.	RS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country 9-16-1916 Are						ntina
	9e. FACILITY NAME (# not in		treet end number)			9b. CITY, TOW	N OR LOCATI	ON OF DE			TALL ELE	
Œ	Francis	Soott	Vor				ltimo					
18	RESIDENCE OF DEC	CEDENT	Nev			Da	TOTIME	or e				
DIRECTOR	10e. STATE	10b. COUNTY	,		10c, CIT	Y, TOWN OR LO	CATION				10	d. INSIDE CITY LIMITS?
	Md.	Bal	timore			Dunda	lk				1	YES 2 X NO
AL	10e. STREET AND NUMBER						101. ZIP COD	E		10g. CITI	ZEN OF WHA	T COUNTRY?
ER	26 Ship	way				- 1	21	1222		U.	S.A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13. WAS E	ECENDENT C	OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE -	American Indian,
	1 Never Married 2 🔀		FORCES? 1				ES 2 NONO		n, Puerto Rican, etc.)	i	Black, W Specify:	Tritte, etc.
. BY	3 Widowed 4 Divo	proed					347				4	White
	15. DEC (Specify onl)	EDENT'S EDUC	CATION completed)	164	a. DECEDENT'S	USUAL OCCUPA	TION	n/r	16b. KIND OF BUS	NESS/IND	USTRY	
	Elementary/Secondary (College (1-4 or 5	+)	ille. Do NOT us	e retired.)	most or works	79	70-4	1- CL	7	
S 8	6th				Tir	Mill			вет	h-St	eeT	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)					16. MOT	HER'S NAI	WE (First, Middle, Malden	Sumame)		
BE	George M	ifiail	ovici				Vi	icto	ria Sibr	ea		
TO BE COM	19a. INFORMANT'S NAME (lype/Print)			19b. MAILING	AODRESS (Street			loute Number, City or Town		Code)	
	Steve Na	arowa	nskie		12 W	agon	Wheel	. Ct	. Glen A	rm N	d . 2	1057
8	20a. METHOD OF DISPOSIT 1 ☐ Burlel 2 M Crematic	ION	mail from State	20b. PL	ACE AND DATE	OF DISPOSITION			OATE 20c. LO	CATION -	City or Town,	State
	4 Donation 5 Other		oval from State		y, cramatory or o	remat	orv		3/20 B	alti	more	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. NAME	AND ADDRE	SS OF FAC	ALITY			
Name of the last	•								uneral H			
3	23. PART I. Enter the d	Isaasas nr.c	enmolications the	t caused th	e deeth Do	711	O Sol	Ler	s Point	Rd.	Dunda	alk 21222
	shock, or h	eert failure.	List only one cau	ise on aach	lina.	ot enter tra	noue or uy	mg, suci	r as carolec or respi	ratory art	est,	Approximata interval Between
	IMMEDIATE CAUSE (Fit disease or condition	nel	A	A V I .	· - ·			- 0 4	-: 12			Onset and Death
	resulting in death)	→ ,	W1			SCEP	HAL	OVA	THY			BHKS
5					NSEQUENCE O				0 = 1			0 11 10
N O	Sequentially list condit	iona,			NSEQUENCE O		FIBR	111	ATION			ones
F	if any, leading to imme cause. Enter UNDERLY		DUE 10	(OR AS A CO	MSEQUENCE O	-):						
	CAUSE (Disease or Inju		C. OHE TO	(OR AS A CO	NSEQUENCE O	n.						
Ē	that initiated events reaulting in death) LAS	т		(0.1.7.0 1. 00	MOLGOLINOL O	<i>y.</i>						i I
CERTIFICATION			d									
	PART II. Other significa	nt condition	a contributing to	deeth but r	not resulting	in the underly	ing ceuse	given in i	Part I. 24a. WAS AN			ERE AUTOPSY FINDINGS
EDICAL	CAR	DION	LYOPAT	HY					PERFOR		cc	AILABLE PRIOR TO IMPLETION OF CAUSE
										Second		DEATH?
2									_		1 "	130
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL				26.	PLACE OF D	EATH (Che	ick only one)	_		
S	EXAMINER?		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:	ome 5 🗆 Re	esidence	6 Other (Specify)			
<u>.</u> []	27. MANNER OF DEATH		26e. DATE OF	INJURY	26b. TIM	E OF 28c.	INJURY AT	T	28d. DEŞÇRIBE HOW II	NJURY OC	CURED	
	-	Pending	(Month, E	lay, Year)	IN.		WORK?	NO				
B	2 Contable	Investigation	26e, PLACE C	F INJURY —	At home, term,	street, factory, or			28t. LOCATION (Street e	nd Number	or Rumi Rout	n Number
		Could not be determined	building,	etc. (Specify)		-		ļ	City or Town, State)			
COMPLETED	29e. CERTIFIER	TIEWING BOOK	OLANI, T				nico		mer were nited			
MP	(Check only								to the cause(e) and man			7.12.11.22.22.22.11
00				Administron an	wor investigation	11, III My opinior	, death occur	red at the	time, date and place, en	a due to th	e cause(e) ar	d manner as stated.
اسا	29b. SIGNATURE AND TITLE	OF CERTIFIER	Λ ,				29c. LICI	ENSE NUM	BER	29d. DAT		orith, Day, Year)
9 60 1	Value	ùa,	Kuush		w)					3/1	7/97
0 8	C							_				
TO B	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU						_	_	-	200
	30. NAME AND ADDRESS OF	ARMS					E ST		BALTO	H	7 5	1203
	30. NAME AND ADDRESS OF ATRICA A 31. OATE FILEO (Month, Day,	ALMS	O COMPLETED CAU	, 6	00 N		EST		BALTO	H	7 5	1203
	30. NAME AND ADDRESS OF ATRICA A 31. OATE FILEO (Month, Day,	ARMS	O COMPLETED CAU	, 6	00 N		E ST		BALTO	H	7 5	1203

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BALTIMORE, MARYLAND 21215-0020	its after death. Page 6 may be retained by the longual or elending physical	n by the funeral director, page 5 should be deflicted. Use us the burtain removal.	edical examiner must be notified at unce.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the frequency and a personne or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deficied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at annee	

6

	FOR STATE REGISTRAR	STATE OF M			TMENT OF	HEALTH AND	MEN	TAL HYGIEN	E .		11426
	1. DECEDENT'S NAME (First, Middle, Last)					52,,,,,,	2. D	ATE OF DEATH		3. TII	WE OF OEATH
1 1	LILLIAN MAY NO	RRIS						RCH 1		993	10:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. i	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. 0	ATE OF BIRTH	-	8. BIRTHPLACE	(State or Foreign
	215-03-3441	1 ☐ M 2 🔀 F	83	YRS.	MONTHS DAYS	HOURS MIN.		Month, Day, Year)	. 1910	Country) BAI.T	IMORE
11	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY, TOWN	OR LOCATION OF		0001 01		TY OF DEATH	IIIOILE
DIRECTOR	UNION MEMORIAL H	OSPITAL			BALTIN	IORE					
H	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION					INSIDE CITY
		TIMORE			BALT]	MORE					YES 2 NO
FUNERAL	100. STREET AND NUMBER				.1	Of. ZIP CODE			10g. CITIZ	EN OF WHAT	OUNTRY?
l iii	3017 PENNSYLVANIA					212				S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	NO	13. WAS DI	ECENDENT OF HISI specify Cuban, Mex	PANIC OR Ican, Pue	NGIN? (Specify Yes erto Rican, etc.)	or No-	14. RACE — An Black, White	nerican Indian, e, etc.
☆	3 XWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES A		1 🗆 YI	S 2 XNO Spe	city:		1	Specify:	WHITE
8	15. DECEDENT'S EDUC	ATION	16a, C	DECEDENT'S	USUAL OCCUPAT	TION		16b. KIND OF BU	SINESS/INDU		
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	- 6	Give kind of fe. Do NOT u	work done during r se retired.)	nost of working					
릴	12TH GRADE			IOMEMA	AKER						
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (FI	irst, Middle, Maiden	Surname)	-	
ш	CHARLES E. McKELD	IN, SR					EMM	A BELL			
0 B	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING		and Number or Rur					21117
F	ALVIN BRAVERMAN,	ATTORNEY			11433	CRONRID	GE D	RIVE_SU	-E-OW	INGS M	ILLS,
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remo	val from State	20b. PLACI	EANDDATE	OF DISPOSITION (Neme of		DATE 20c. LO	CATION — C	City or Town, St	ate
	4 Donation 5 Dither (Specify)		LOUD	ON PA	ARK CEME	TERY	_3/	19 BA	LTIMO	RE	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE				AND ADDRESS OF SARD FUNI			INC		
	M. Tleas	olens	~			WILKEN				RF. MD	21229
	23. PART I. Enter the diseases, or conshock, or heer failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one caus	caused the case on each lin	10. -		node of dying, s	uch aa	cardlec or respi	ratory arre		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSI								
MEDICAL	PART II. Other algorificant conditions Dementia Confic Ste	Conges from	death but not	resulting	in the underlyi	ng cause given	in Part	i. 24e. WAS AN PERFOR	MED?	AVAIL COMP OF DI	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 \(\) NO
N N	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH	Check on	ly one)			
PHYSICIAN:		HOSPITAL: 1 Inputient 2	ER/Outpatient	3 DOA	OTHER:	me 5 🗆 Residenc	e 6 🗆 (Other (Specify)			
Ě	27. MANNER OF DEATH	28a, DATE OF I	NJURY	28b. TIA	IE OF 28c. II	YJURY AT	7	DESCRIBE HOW I	NJURY OCC	URED	
BY F	1 Netural 5 Pending 2 Accident Investigation	(WOMM, Day	у, <i>тошг)</i>	1 100		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF building, a	INJURY — At I	nome, farm,	street, factory, of	lice		LOCATION (Street of City or Town, State)	and Number o	or Flural Floute A	lumber,
COMPLETED	29a. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINER										manner en stated.
Ö	296. SIGNATURE AND BYTE OF CHITTIFIED		>			29c. LICENSE N	IUMBER		29d. DATE	SIGNED (Month	, Day, Year)
0	180	2				033	89	7	> 3	/17/5	73
10	30. NAME AND ADDRESS OF PERSON WHO DR. ROBERT VISSIN					A D/Tr		DAT MILLA) F 30		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF				- API-)-G-	DALTIMOL	Œ, MI	J.	
	MAR 1 9 199	33	T'S SIGNATURE	Aland	LIL						



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BALTIMORE, MARYLAND 21215-0020

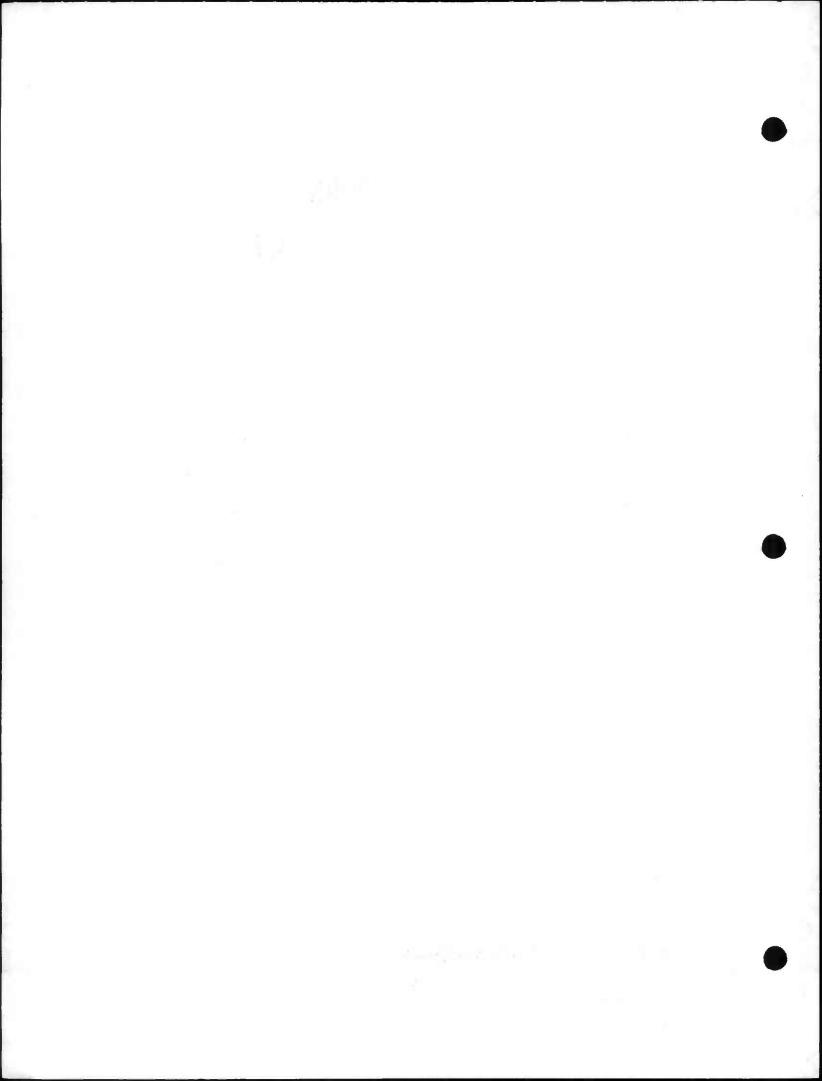
ON RITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

ONE COOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should perfect death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ONE STATE THE PHYSICIAN: The Issue as the burial-transit permit. Pages 1, 2, 3 should be retained by the Issue and Injury, or other traumatic event, the medical examiner must be notified at once. BOX 68760,

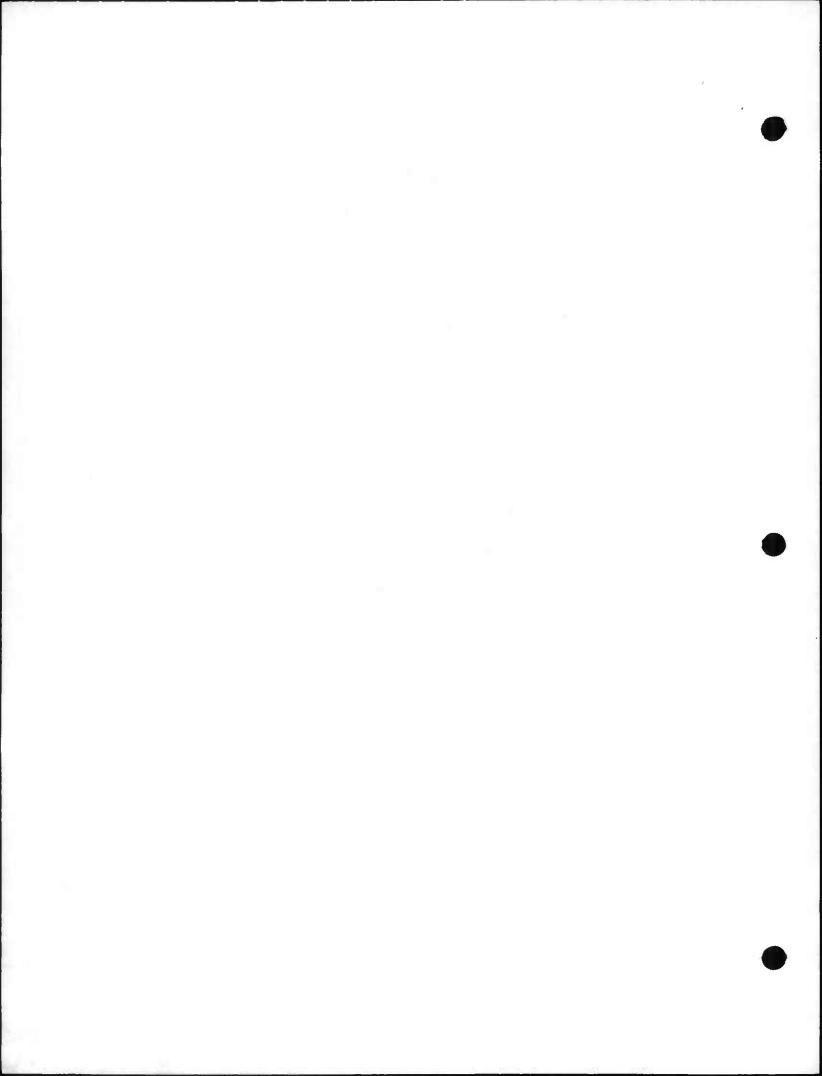
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DIVISION OF VITAL RECORDS, P.O.	TO THE HOPPING OF RITENDING PHYSICIAN: The law requires that the death cert	TO THE FIRST DIECTOR: After this certificate has been signed by the attending	Î	IMPORTANT IF term 28 is marked, or item 23 shows any injury, or of
_	eat	atte	mta	×
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FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	NE	0/42/
1. DECEDENT'S NAME (First, Middle, La DONALD	G •		OWENS	2. DATE OF DEATH MONTH 0 3 1	5 199	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF UN	IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 12-29-5	8.1	BIRTHPLACE (State or Foreign Country)
9e. FACILITY NAME (If not institution, gi	re street and number)	9b. 0	ETY, TOWN OR LOCATION OF D		9c. COUNTY	MD of Death
BON SECOUR HI RESIDENCE OF DECEDENT 10a. STATE MD 10b. COU			N OR LOCATION			10d. INSIDE CITY
		Ba1	timore			LIMITS?
53 S. Monroe	St.		21223		US A	OF WHAT COUNTRY?
11. MARITAL STATUS 1 \(\sum_{\text{Never Married}} 2 \sum_{\text{Married}} \text{Married} \) 3 \(\sum_{\text{Widowed}} 4 \sum_{\text{Divorced}} \)	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify	an, Puerto Rican, etc.)	na or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 11 th 17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	one during most of working	16b. KIND OF BU	Jaine 33/INDUST	nī
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	Qualit		uors
Arthur Owens				lle Smit		
Annabelle Ow	ens		ess (Street and Number or Rural herryland F			
20a, METHOD OF DISPOSITION 1)	emoval from State cerr	. PLACE AND DATE OF DISI	POSITION (Name of	DATE 20c. LC	DCATION City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	estern st	22. NAME AND ADDRESS OF FA	ACILITY	tonsv	ille, MD
Minel	te K- You	100	WM C. MARCH	LE,H./11	01 E.	NORTH AVE
23. PART I. Enter the diseases, of shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on a	ech ilne.	e (2001) OV			Interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):				
DATE II OU TO IN I	ons contributing to death b	ut not resulting in the	underlying couse given in	Part I. 24s. WAS AN	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
				_	- 1	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ty YES 2 NO	HOSPITAL:	ОТН				
27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
1 Natural 5 Pending 2 Accident Investigation		INJURY M	T TES 2 NO			
	26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, street, ify)	actory, offica	28t. LOCATION (Street City or Town, State		ural Route Number,
	YSICIAN: To the best of my knowl					use(a) and manner as stated
296. SIGNATURE AND TITLE OF CENTIF			29c. LICENSE NU			INED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Torsa Print)	O.C.M	I.E.	03/	/16/1993
31. DATE FILED (MONTH, Day, Year)	KOROW W 1	11 Penn S	treet, Balt	imore, M	larylar	nd 21201
MAR 1 9 1993	32. REGISTRAR'S SIGN	andese.				



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1	1. DECEDENT'S NAME (First	Middle, Last)									2 DATE	OF DEATH			3. TIME OF DEATH
T		- 9	Тэ	rpy	Leonor	*a		1ס	ank				MONT	H D	7	YEAR	
			4. SOCIAL SECURITY NUME		5. SEX	_	(In yrs. lesi			R 1 YEAR	IF IMPE	1 24 HRS.	Marc	OF BIRTH	7,	1993	1930 M IPLACE (State or Foreign
		13	219-58-4404		1 M 2 X F	Ι.	40	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)	10=0	Count	γ)
	3 should		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN														
	2, 3 sh	H.	Baltimore County General Hospital Randallstown Baltimore														
	-	DIRECTOR	RESIDENCE OF DEC	EDENT			- JF -									Det.	CIMOI C
	Pages	뿔	The state of the s	10b. COUNT	v altimore			10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
7	mit.		Maryland 100. STREET AND NUMBER	Ва	altimore				<u> </u>		al1st						1 TYES 2 NO
	burial-transit permit.	FUNERAL		1	S 1					.10	M. ZIP COD	_	_		10g. CIT		VHAT COUNTRY?
CE	trans	Ä	3725 Co1	lier F	12. WAS DECEDEN	T FIED I						21133				U.S.	
)20 physic	burial		1 Never Married 2	Married	FORCES? 1	I YES	2 🔀 N	O MED		If yes, s	pecify Cubi	ın, Mexica	in, Puerto	17 (Specify Ver Rican, etc.)	s or No—		E — American Indian, k, White, etc.
9-9-9	the	В	3 Widowed 4 Divo	roed	IF YES, GIVE Y	MAR OR D	MIES			1 L YE	S 2 📉 NO	Specify	y:			Spec	_{"y:} ite
215-0020 attending physic	use as	COMPLETED	15. DEC (Specify only	EDENT'S EOU	CATION completed)		16a. DE0	CEDENT'S	USUAL C	CCUPATI	ION		16b	. KIND OF BU	SINESS/IN		100
212	for u	9	Elementary/Secondary (0		College (1-4 or 5	+)	10000				ost of worki	'N					
ON SOC	detached for once.	MP			3 Years		Pa	ra-L	ega]					Self-	Emplo	yed	
Z a	e detach	8	17. FATHER'S NAME (First, M	iddle, Last)							18. MOT	HER'S NA	ME (First, I	Middle, Maiden	Sumame)		
A ≥	ed be	BE	Harold		Bennett			ior						et Am			g
MARYLAND retained by the hospit	5 should notified	2	19a. INFORMANT'S NAME (7		D .		- 1							ber, City or Tow			
m, s	be r		Mrs. Margar		Prior	14.0						Rar		stown		211	
OR S	ector, p		1 Donation 5 Other	n 3 🗆 Rem	oval from State	can	netery, crer	NO DATE O	ther place	SITION (N	lame of		DAT		CATION —		
Page Page	dire.		21. SIGNATURE OF FUNERA		CENSEE	La	irrol	.I Cr	Cremation Serv. 3/20 Hampstead, Maryland 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.								
BALTIMORE, MARYLAND 21215-0020	the funeral director, page wal.		▶ Stor	she	m fer	K)		Lo	rin	g Bye	ers E	uner				Inc. MD 21133
after a	d in by the or removal medical		23. PART I. Enter the di	seases, or	complications the	t cause	d the dea	nth. Do r	ot enter	the me	ode of dy	ing, suc	h as card	Ranga lac or resp	iratory ar	reat.	Approximate
Nous Inches	completely filled in ial, cremation, or re sevent, the med		shock, or he iMMEDIATE CAUSE (Fin	part fallure.	List only one ceu	use on e	ech iine.	Λ	^		1	. (1				interval Between Onset and Death
	~ = -		disease or condition														
(68760, executed within	ompletely fill, il, cremation, event, the		rosalting in douting		DUE TO	(OR AS A	CONSEQ	UENCE OF	25						-		
687 ecute	and com o burial, o matic ev	Z	Sequentially list conditi		b	14	1961		en	510	W.						
X of	anding physician and control hygiene prior to buria	CERTIFICATION	if any, leading to immed cause. Enter UNDERLY	liate	DUE TO	TOR ASI	CONSED	UENCE OF):								
B	physician ne prior to	길	CAUSE (Disease or inju		c. Ous TO	(00 40 4	COMPED	UENCE OF									
O P	nding phy Hygiene or other	Ē	that initiated events resulting in death) LAS		DOE 10	(UR AS A	CONSED	UENCE OF	·):								
S, P.O. BOX		Ü			d			_									
Õ å	ed by the att th and Menta any Injury,	A P	PART II. Other significe	nt condition	s contributing to	death b	out not re	sulting i	n the u	nderiyin	ig cause	given in	Part i.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
RECORD:	Signed b Health ar	MEDICAL	115	KW.	w~								_	1 TES 2			COMPLETION OF CAUSE OF DEATH?
E C	of Heal	ME	<u> </u>														1 TES 2 NO
I w	has been Dept. of 1 23 sho	AN:															
T aff	F 2 % 5 U EXAMINER?								OTHE		LACE OF 0	EATH (Ch	eck only on	10)			
T VIT	the the	HYS	1 YES 2 NO		1 Inpatient 2	-	patient 3		4 🗆 Nu	sing Hon	ne 5 A	sidence					
OF VI	with with	- I	27. MANNER OF DEATH 1 Netural 5	Pending	28s. DATE OF (Month, D	ay, Year)		28b. TIMI INJ	E OF URY	W	JURY AT ORK?		28d. DES	CRIBE NOW	NJURY OC	CURED	
NO	After death s mar	à	2 Accident	nvestigation	28e. PLACE O	F IN.IIIDY	At he-	ne form -			YES 2	NO	261 100	ATION (C)	and Mills		
DIVISION OR ATTENDING	after 28 1	TEO		Could not be leterrilined	building,	atc. (Spec	cify)	, 100 Htt, E	wer, ide	ory, orn	-		City	ATION (Street or Town, State)	sria Numbe	r or Hural I	route Number,
OR A	DIREC hours	iu ii	29a, CERTIFIER	EVING BUVE	CIANA To the basis of				7.		-		57				
	4 5 =	COMPL	(Check only		CIAN: To the bast of) and manner as stated.
HOSPITAL	FUNERAL within 72		29b. SIGNATURE AND TITLE				5		., и пту	ANTHUN, (eng place, ar			
置	불물	BE	290. SIGNATURE AND TITLE	OF CERTIFIE	A		1	00	~v)		29c. LICI	ENSE NUN	C.	7	29d. DAT	E SIGNED	(Month, Day, Year)
2	₽2₹	2	30. NAME AND ADDRESS OF	PERSON WH	D COMPLETED CALL	SE DE DE	ATN (ITEM	27) (5m-	Drint'				0 4			21	10/
						UL UT UE	AIN (IIEM	eri(n/pe,	rinn)							-	
	2	H	31. DATE FILED (Month, Day,	fear)	32. REGISTRA	R'S SIGN	ATURE						-				
			31. DATE FILED (Month, Day,	993	Acha Veris	lour-	Pande	124									



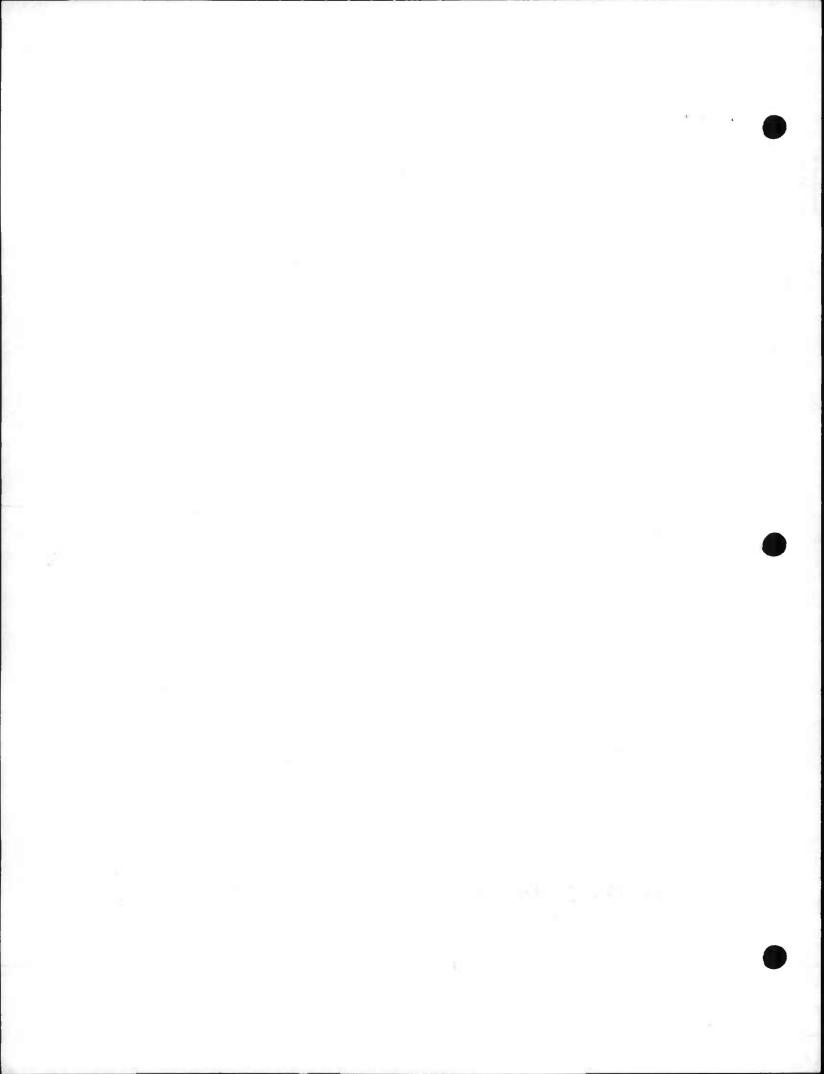
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
	2. DATE O	F DEATH

	1 - FOR STATE OF MARYLA	AND / DEPARTM CERTIFIC	IENT OF HI	EALTH AND !	MENTAL HYGIEN	E					
	'1. DECEDENT'S NAME (First, Middle, Last) Walter C. Pahl, Sr.				2. DATE OF DEATH MONTH DA	v year	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign				
13	218-07-1402 1xx 2 □ F	75 YRS.	THE DAYS	HOURS MIN.	(Month, Day, Year) 9/30/17	Coun	Maryland				
	9a. FACILITY NAME (If not institution, give street and number)	96	. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF					
DIRECTOR	4415 Carroll Park Court Sykesville Carrol										
EC	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATI	ON			10d, INSIDE CITY				
6	Maryland Carroll	5	Sykesvi	11e			LIMITS?				
AL	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	4415 Carroll Park Court			2178	34	United	States				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN				IC ORIGIN? (Specify Yes	or No 14. RAC	E American Indian,				
BY	1 Never Married 2 Married FORCES? 1 YES 3 Widowed 4 Divorced FORCES? 1 YES, GIVE WAR OR DV	TES		city Cuban, Mexica: 2 💢 NO Specify	n, Puerto Rican, etc.)	Spec					
	ii — iiiin sei — — — — — — — — — — — — — — — — — — —	WW II					White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work	done during most	N t of working	16b. KIND OF BUS	NINESS/INDUSTRY					
7	Elementary/Secondary (0-12) College (1-4 or 5+) 1 Year	RET: Bal	,	Fire P	101						
\$	17. FATHER'S NAME (First, Middle, Last)	KEI. Dal	10. 00								
	Clarence H. Pahl		- 1		WE (First, Middle, Maiden :	Surname)					
H	19a. INFORMANT'S NAME (Type/Print)	105 MAILING AO	DE00 (0)		loute Number, City or Town						
임	Mrs. Ruth W. Pahl			1 Park C		n, State, Zip Code) 7ille, MI	21784				
	20a. METHOD OF DISPOSITION 20b	PLACE AND DATE OF D				CATION — City or T					
	8℃ Burial 2 ☐ Cremation 3 ☐ Removal from State cem	etery, cremetory or other porriane Pa	olace)								
	21. SIGNATURE OF LINERAL SERVICE LICENSEE	offiane ra		ADDRESS OF FAC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	loodlawn,	, FID				
	· James B Coo	eu	Lorin 8728	g Byers	Funeral Di	rectors	Inc. n, MD 21133				
	23. PART / Enter the diseases, or complications that caused	the easth. Do not					Approximate				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Chest	174	0.2	teon of	Won	Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OF AS A CONSEQUENCE OF): UNDERLYING DUE TO (OF AS A CONSEQUENCE OF):										
占	PART II. Other significant conditions contributing to death be	ut not resulting in th	ne underlying	cause given in I	Part I. 24s. WAS AN	AMERICA	WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDIC	8				1 TYES 2	_	OF DEATH?				
ÿ											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	I m	26. PLA	CE OF DEATH /C/ni	ck only one)						
ا X	1 YES 2 AO 1 inpetient 2 ENOutp			5 Desident	Other (Specify)						
표	27. MANNES OF DEATH 28s. DATE OF INJURY (Month, Day, Near)	20b. TIME OF BUJURY	28€ INJU		284. DESCRIBE HOW IN	HURY OCCURED					
à	3 Accident Investigation			18 2 □ NO							
_	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, atree	t, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Hurel	House Number				
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFIER PHYSICIAN: To the best of my knowle only 2 MEDICAL EXAMINER: On the best of examination						s) and manner as stated.				
BE C	290. BIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		29d. DATE SIGNES					
5 B	Just april)270°	34	3	18 33				
- [36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	STH (ITEM 27) (Type, Prin	0			J					
ì	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN/	TURE	_								
	MAR 1 9 1993 Julia Navidan	Pandelle									

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

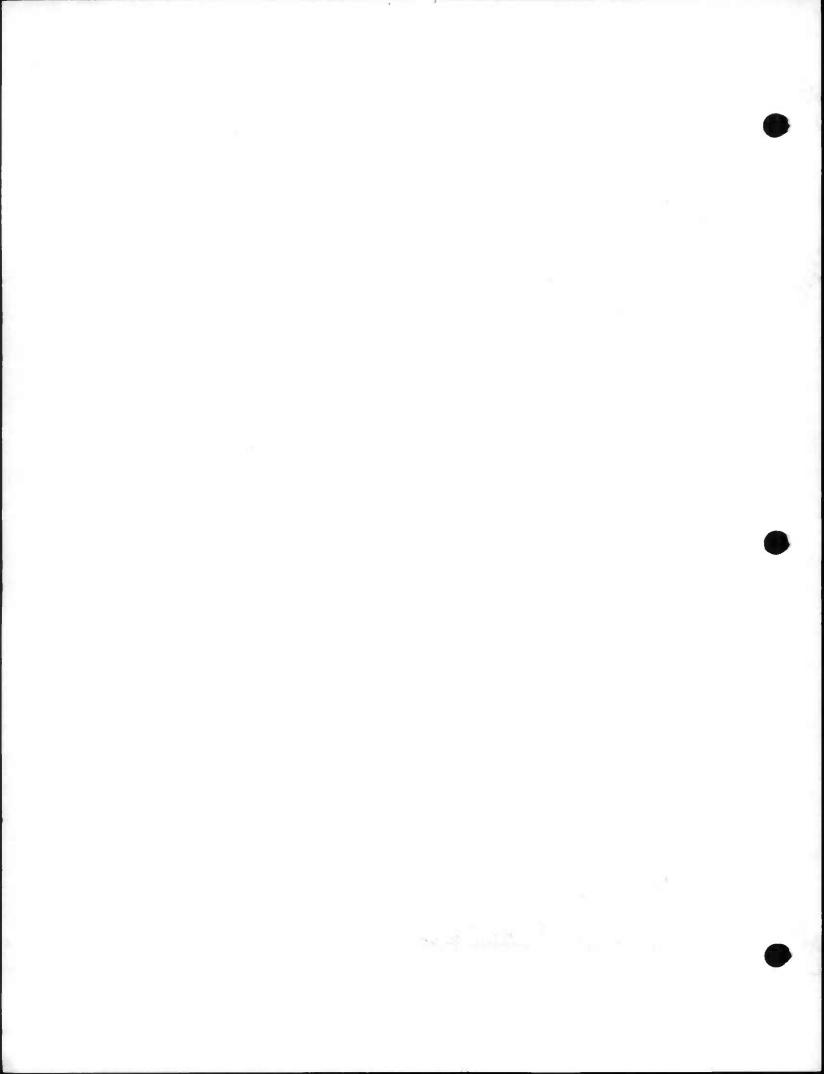
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN					2. DATE OF	2. DATE OF DEATH		YEAR 93	3. TIME OF DEA	
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 216-56-8662		MONTHS DAVE HOUSE MAN (MG			DATE OF BIRTH (Month, Dey, Year) -28-1949 Rew York			PLACE (State or F		
		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 2420 Holly Neck Rd. APT. #1 ESSEX BALTIMORE									
	10e. STATE 10b. COUNT Md. Ba	10c. CITY,	10c. CITY, TOWN OR LOCATION ESSEX				10d. INSIDE CITY LIMITS? 1 YES 2 N NO			- 1	
	100. STREET AND NUMBER 2420 Holly Nec	D	101. ZIP CODE 21220			U.S.		HAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 24 FORCES? IF YES, GIVE WAR OR DATES			NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				ee or No— 14. RACE — American Indian, Black, Whita, etc. Specify. White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					SINESS/INDU	STRY	Le			
MP	10 Yrs Painter Construction										
	17. FATHER'S NAME (First, Middle, Last) Richard Patt	·on			18. MOTHER'S NA				, Ui	ilton	
BE (19a. INFORMANT'S NAME (Type/Print)	.011	19b. MAILINO A	DDRESS (Street a	nd Number or Rural				_	LICOII	
2	Daniel J. Pat	ton								21237	
	Daniel J. Patton 21 Perry Ridge Ct., Baltimore, Md.21237 20a. METHOD OF DISPOSITION 1 Burlel 2 Dicremetion 3 Removal from State 4 Donation 5 Other (Specify) 22 Perry Ridge Ct., Baltimore, Md.21237 20b. PLACE AND DATE Of DISPOSITION (Name of Competery, cremetory of other place) Competery, cremetory of other place) Green Mount Crematory 3-17-93 Balto., Md.										
	21. SIGNATURE OF FUNERAL SERVICE LI	A A	Perkin	ns ^{22. NAME AN} Bra 2134	d ADDRESS OF FA dley-As Willow	shton Spri	Fun ng R	eral d.,Du	Hon	ne, In	c. .212
CERTIFICATION	IMMEDIATE CAUSE (Final	a. ARTERIOSCLE DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	ROTIC CA CONSEQUENCE OF):				c or respi	retory arres	sit,	Approxim interval B Onset and	etween
PHYSICIAN: MEDICAL CER	PERFORMED? 1 TYES 2 NO					WERE AUTOPSY F MAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER										
14S	1 VES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Desidence 6 Other (Specify)										
	1 🔀 Netural 🕳 Pending	26b. TIME (IME OF NJURY AT WORK? M 1 YES 2 NO			EȘCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide a Could not be determined	At home, ferm, stre	ne, ferm, street, factory, offica		28f. LOCATION (Street and Number or Flural Floute Number, City or Yown, State)				\neg		
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE C	29b. SEMATURE AND TITLE OF CHITTERED 30. NAME AND ADDRESS OF PERSON WH		29c. LICENSE NUM OCM		1		SIONED (Month, Day, Year) 15 1993				
	MAMONUTO D. 31. DATE FILED (Month, Day, Year)	MAMONUTO D. ROBER My 11 Penn Street, Baltimore, Maryland 21201								1	
MAR 19 1993 Filia Davidson Broken											

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		1 - FOR STATE OF MARYLAND / DEPARTMENT OF H CERTIFICATE OF	IEALTH AND MENTAL HYGIENE DEATH REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY PGS 17 93 5:00 Any M						
-	12	4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) F UNDER 1 YEAR 1 M 2 F YRS. MONTHS DAYS	FUNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 1. DATE OF BIRTH (Morth, Day, Year) 1. DATE OF BIRTH (Country) 8. BIRTHPLACE (State or Foreign Country)						
2. 3 should	стоя	90. FACILITY NAME (If not institution, give street and number) 90. CITY TOWN O	PR LOCATION OF DEATH 9c. COUNTY OF DEATH						
Pages 1,	DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c.CTTY, TOWN OR LOCAT R	TION. 10d. INSIDE CITY LIMITS?						
реттій.			70 1 X YES 2 □ NO ZIP CODE 10g, CITIZEN OF WHAT COUNTRY?						
020 physician. burial-transit	FUNERAL	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, spe	ENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, etc.						
ending as the	ED BY	3 Wildowed 4 Divorced IF YES, GIVE WAR DR DATES 1 YES 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION	DI 16h KIND OF BUSINESS/INDUSTRY						
D 27	Li	(Specify only highest grade completed) (Give kind of work done during model life. Do NOT use retired.) (Give kind of work done during model life. Do NOT use retired.)	st of working						
at as as as as as as as as as as as as as	1 44 1	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S MAME (First, Middle, Meiden Surneme)						
retain 5 sho notifi	TO B	199. IMPORMANT'S NAME (Type/Print) HONIE - Harrel 1743 Drai	and Number or Rural Route Number, City or Town, State, Zip Code)						
6 may tor, pa		20s. METHOD OF DISPOSITION 1	MARCHE SPACE 290-EDCATION - GITY OF TOWN, States						
BAL urs after death in by the fune removal.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AN ALL ALL ALL ALL ALL ALL ALL	ADDRESS OF FACILITY						
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the most shock, or heart failure. List only one cause on each line.	interval Between						
ted within 24 hor completely filled ial, cremation, or		disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):	CANCET Onset and Death						
executed and com o burial, matic ex	2 2	Sequentially list conditions.	1/4						
phy ne p	FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
death death atten	CERTIFI	resulting in death) LAST d. Wahuthtor	V						
_ > = -	EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
v req t. of	Σ		1 □ YES 2 ➡ #10						
SICIAN: The lave certificate has the State Dept. or Item 23.	YSICIAN:	1 YES 2 ND HOS TAL: 1 ER/Outpetlent 3 DOA 4 Nursing Home	ACE OF DEATH (Check only one) e 5 □ Residence 6 □ Other (Specify)						
JOING PHYSIC After this ce death with ti	ву рну	2 Accident Investigation M 1 Y	RK7 res 2 \(\) NO						
OR ATTENDING DIRECTOR: After hours after death tem 28 Is ma	ETED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
HOSPITAL OR A FUNERAL DIREC Within 72 hours TANT: If item	COMPL	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, do							
TO THE HOSPITAL. TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIER LIVANCE J. NAWY MD	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3-17-93						
/ / /	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	edic D Center Baltimore nd						
Di,		31. MAR 1 9 1993							



	TO THE HIGH PLANS ATTRACTIONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUND MENTOL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		Ice.	
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	after	y th	MOVA	ca	ŀ
	OUrs	d In	Or re	med	l
	24	fille	Jon.	the	l
	within	pletely	rema	IMPORTANT IT THIS 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
	rted	E03	ial,	20 0	l
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	0 01402			
	1. DECEMBERT'S NAME (First, Middle, Last) BERTHA I PAV	ONE			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign	-		
R	216-28-1968 So. FACILITY NAME (If not institution, give str	1□M2¬xF 88	YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year) 8/20/04	Pennsylvania	_		
	Transfer of the second		94	. CITY, TOWN OR LOCATION OF D		DC. COUNTY OF DEATH	-1		
DIRECTOR	Liberty Medical			Baltimore Cit	ty				
H	10a. STATE 10b. COUNTY			OWN OR LOCATION	LIMITS?				
	Maryland 100. STREET AND NUMBER		Balt	imore City	1 🔀 YES 2 🗌 NO				
FUNERAL	21 East Randall S	4		10f. ZIP CODE					
	11. MARITAL STATUS			21.230	NIC ODIGIN? (Secolo Ver or	U.S.A. No. 14. RACE — American Indian.	\dashv		
	1 Never Married 2 Married	FORCES? 1 YES 2 NO		If yes, specify Cuben, Mexic 1 YES 23 NO Speci	an, Puerto Rican, etc.)	Black, White, etc.			
ВУ	3 ₩Idowed 4 Divorced	II TES, GIVE THAN ON DATES			·y.	Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USI	JAL OCCUPATION done during most of working thed.)	16b. KIND OF BUSIN		\neg		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)							
NO.	high school 17. FATHER'S NAME (First, Middle, Last)		Homema		AME (First, Middle, Meiden Su		-		
	unknown			unkn		rrearres)	-1		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street and Number or Rural		State, Zip Code)	-		
2	Dora Drecchio			lando Road Ba					
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Remo		PLACE AND DATE OF C	ISPOSITION (Name of		TION — City or Town, State	┑		
	4 1 Donation 5 Other (Specify)	Da	etery, crematory or other		7/03 Ball	timore, MD			
	21. SIGNATURE OF FUHERAL SERVICE LICE	ENSEE /		22. NAME AND ADDRESS OF F		CIMOLC/ LID	\neg		
_ 7	(pristing of	Korans		Johnson Fune	- D1 1 6	Pouson MD 21286	- 1		
	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do not	enter the mode of dying, suc	ch as cardiac or respirat	tory arrest, Approximate			
	shock, or heart feliure. List only one cause on each line. Interval Between Onset and Death disease or condition								
	disease or condition resulting in death) a. VSS b. C. C. L. L. L. L. L. L. L. L. L. L. L. L. L.								
_1	DUE TO (OR AS A CONSEQUENCE OF):								
ğ	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):								
\forall	2 cause. Enter UNDERLYING CAUSE (Disease or Injury C. Anema UNO Sepsis, Denoutia								
틸	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	M. O. fot					
55		a ft D t D Maxime G							
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO								
음	SI Closure Pacral decembra Stage 1 - YES 2 NO CONTROL OF CAUSE DE DE LA TRI								
MEDIC	Mense S Just most on the 10 yes 30 NO								
N N									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. PLACE OF DEATH (CI	heck only one)		-		
148	1 YES 2 NO	1 Inpatient 2 ER/Outpe 28a. DATE OF INJURY	26b. TIME O	Nursing Home 5 Residence F 28c, INJURY AT		TITLY COOLINGS	4		
	1 Netural 5 Pending	(Month, Day, Year)	INJUR		28d. DESCRIBE HOW INJU	URY OCCURED	- 1		
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stree		281. LOCATION (Street and	Number or Rural Route Number,	⊣		
TED	4 Homicide defermined	building, art. (Speci	, y)		City or Town, State)				
2	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
COMPLET	one) 2 MEDICAL EXAMINER: On the tests of susmination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
BE (296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
욘	30. NAME AND ADDRESS OF PERSON INVO COMPLETED CAUSE OF DEATH (ITEM 27) (I'pp. Print)								
	Liberty 1	Led ical	Contar	Liberty +	terlete Rd	Balt Hd			
	31. DATE FILEN (Morith, Day, floar)	32. REGISTRAR'S SIGNA	TURE	ı	U				
	WWW T 9 1997	June maniages	Louis d'age				_1		

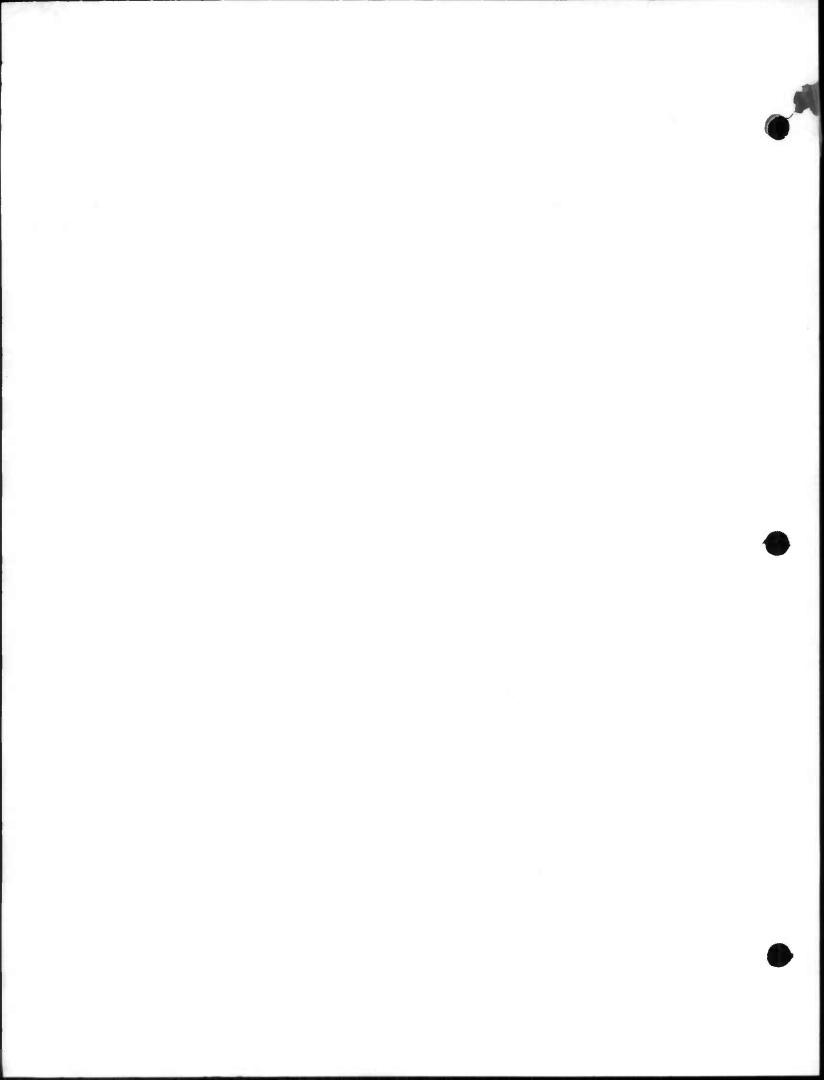
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	HEGISTHAR		CE	KIIIFI	CALE OF	DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	BERDETT	E		PACHMAY	R	2. DATE OF DEATMONTH March	17,199	YEAR	3. TIME OF DEATH 6:15 P M
1 3	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. last	hirthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURT			PLACE (State or Foreign
	215-10-2855	1 🗆 M 2 💢 F	81		MONTHS DAYS	HOURS MIN.	Aug. 11	1911	Country	yland
	9e. FACILITY NAME (If not institution, give s	street and number)			96. CITY, TOWN C	R LOCATION OF DE		V	INTY OF O	EATH
DIRECTOR	Holly Hill Mano	r Nursing	Home		Tows	on		В	altim	ore
Ä	10e. STATE 10b. COUNT	Υ		t0c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	Baltimore				wson				LIMITS?
FUNERAL	531 Stevenson Lar	ne			101	21204		10g. CI1	USA	HAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT E			13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specif	y Yee or No		- American Indian
BY	1 Never Married 2 Merried 3 XWidowed 4 Divorced	FORCES? 1		0		2 X NO Specify		.)	Specif Whi	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DEC	EDENT'S U	SUAL OCCUPATION)Ñ	16b. KIND O	BUSINESS/IN		UC .
[[Elementary/Secondary (0-12)	College (1-4 or 5+)	life. (e kind of wo Do NOT use	rk done during mo: retired.)	st of working				
립	12	,		H	lomemake	r				
ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Mi	iden Surname)		
BE	Robert Stevenso	n				Minn	ie B. Mo	ore		
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DORESS (Street e	nd Number or Rural F			p Code)	
2	Mr. Alan Treewall	a				W Treas				ns
	200. METHOD OF DISPOSITION	oth political	20b. PLACE AP	NDDATEOR	DISPOSITION /No	me of	DATE 20	LOCATION -		
	t ☐ Buriel 2 ☐X Cremation 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify)	oval from State	cemetery, crem	Serv	ice Corno	ration 3/	1 .	wson Ma		
	21. SIGNATURE OF FUNERAL SERVICE LA	Senses /				D ADDRESS OF FA		WSOIT I'K	AL Y LOLL	4
	► Michael 1	Duck				J. Ruck,				21214
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that c	eused the dea	th. Do no	t enter the mo	de of dying, suci	n as cardiec or i	espiratory ar	reet,	Approximate
ļ	IMMEDIATE CAUSE (Fine)					0	s. A			Interval Between Onset and Death
	disease or condition recuiting in death)	· CR	ula	1 cf	>'we	hea	TH	2,0,		Total Section 1
	,	DUE TO (OF	AS A CONSECU	JENCE OF):		40		7	P	
Z	Sequentially list conditions,	b. A 3	CVI)						
Ĕ	if any, leading to immediate	DUÉ TO (OF	AS A CONSECU	JENCE OF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
ËΙ	that initiated events resulting in death) LAST	OUE TO (OF	AS A CONSEQU	JENCE OF):						
<u> </u>		d								
ايا	PART ii. Other significant condition	s contributing to de	eth but not re	suiting in	the underlying	cause given in	Part i. 24s. WA	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	D	Lues.	tia_					FORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
	0		1				1 U YE	S 2 NO	1	OF DEATH?
₹ .		***					-			1 NES 2 NO
Ž.	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (Che	ck only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	3/Outpatient 3		OTHER:	5 🗆 Rasidenca				
>		28e. DATE OF IN.	IURY	28b. TIME	OF 28c. INJt		28d. DESCRIBE H	OW INJURY OC	CURED	
포내	27. MANNER OF OEATH		Year)	INJUI	TY WO	RK?				
	1 Natural 5 Pending	(Month, Day,	,		M 1 7	ES 2 NO				
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	IJURY — At hom	e, ferm, str		ES 2 NO	28f. LOCATION (S)	net and Numbe	or Rural Br	oute Number
ED BY	1 Natural 5 Pending		IJURY — At hom	e, ferm, str			281. LOCATION (SI City or Town, S	reet end Number tate)	r or Rural Re	oute Number,
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	(Month, Day, 28e. PLACE OF Inbuilding, atc.	IJURY — At hom (Specify)		eet, fectory, office		City or Town, S	tate)		oute Number,
ED BY	1 Natural 5 Pending Investigation 3 Sulcide 4 Homicide Check only 1 CERTIFYING PHYSI	28e. PLACE OF In building, atc.	JURY — At hom. (Specify)	h occurred	st the time, date	end place, end due	Gity or Town, S	menner ee sta	led,	
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 2 CERTIFIER (Check only 1 CERTIFYING PHYSI	(Month, Day, 28e. PLACE OF Inbuilding, atc. CIAN: To the best of my R: On the basic of exam.	JURY — At hom. (Specify)	h occurred	st the time, date	end place, end due	City or Town, Store to the cause(e) end	menner ee sta	led, ne cause(e)	and manner se stated.
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, Day, 28e. PLACE OF Inbuilding, atc. CIAN: To the best of my R: On the basic of exam.	JURY — At hom. (Specify)	h occurred	st the time, date	end place, end due	City or Town, Store to the cause(e) end	menner ee sta	led, ne cause(e)	and manner ee stated. (Month, Day, Year)
E COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. PLACE OF In building, atc. CIAN: To the best of my R: On the basis of exam	IJURY — At hom (Specify) knowledge, deat	h occurred	st the time, date	end place, end due	City or Town, Store to the cause(e) end	menner ee sta	led, ne cause(e)	and manner se stated.
BE COMPLETED BY	1 Natural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	28e. PLACE OF It building, atc. CIAN: To the best of my R: On the basic of exam	AJURY — At hom (Specify) knowledge, deat inetion and/or im	h occurred vestigation,	eet, fectory, office st the time, date in my opinion, de	end place, end due	City or Town, Store to the cause(e) end	menner ee sta	led, ne cause(e)	and manner ee stated. (Month, Day, Year)
BE COMPLETED BY	1 Natural 2 Accident 3 Sulcide 4 Homicide 29e, CERTIFIER (Check only one) 2 MEDICAL EXAMINE 30. NAME AND ADDRESS OF PERSON WH Hans J. Koeti	CIAN: To the best of my R: On the basic of exam COMPLETEO CAUSE OF M. D. 32. JEGISTRABAS	HJURY — At hom (Specify) knowledge, deat institution and/or im 760	h occurred vestigation,	st the time, date	end place, end due	City or Town, Store to the cause(e) end	menner ee sta	led, ne cause(e)	and manner ee stated. (Month, Day, Year)
BE COMPLETED BY	1 Natural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	28e. PLACE OF IN building, atc. CIAN: To the best of my R: On the basic of exam CO COMPLETEO CAUSE CO.	HJURY — At hom (Specify) knowledge, deat institution and/or im 760	h occurred vestigation,	eet, fectory, office st the time, date in my opinion, de	end place, end due	City or Town, Store to the cause(e) end	menner ee sta	led, ne cause(e)	and manner ee stated. (Month, Day, Year)



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_	1 - FOR STATE REGISTRAR	STATE OF N	MARYL	AND / DEPAI CERTIF			DEATH AN	ID MENT	AL HYGIEN REG. NO			01434
	1. DECEDENT'S NAME (First, Middle, Last)	- U						2. DAT	E OF DEATH	AY	YEAR 3.	TIME OF DEATH
	CHARLES 4. SOCIAL SECURITY NUMBER	E.W.	6. AGE	PTK (In yrs. last birthday)	IF UNDE	R 1 VEAR	IF UNDER 24 H	ns 7 DAT	E OF BIRTH	6	9 7	1 • 4.3 B
	238-30-9803	1 💢 M 2 🗆 F	67		MONTHS	DAYS	HOURS M	N. (Mo	26/25		Country)	TH CAROLIN
	9s. FACILITY NAME (If not institution, give s				9b. CIT	r, town c	OR LOCATION O		20/20	9c. COUNT	Y OF OEAT	
СТОВ	1143 NANTICOKE	ST.			BA	LTI	MORE	CITY				
REC	10s. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	TION				104	d. INSIDE CITY
٥	MD				BALT	MORE	CITY				15	LIMITS? YES 2 NO
ERAL	10e. STREET AND NUMBER	- 0-				101	. ZIP CODE			10g. CITIZE	N OF WHA	COUNTRY?
FUNE	1143 NANTICOKE	12. WAS DECEDEN	T EVER II	N U.S. ARMED	13.	WAS DEC	21230	SPANIC OBIG	IN? (Specify Yes	or No. 1		American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	X YES	² □NO ATES 1 Vietnam		II yes, sp	ecify Cuban, Me 2 X NO S	sxican, Puerte	Rican, stc.)		Black, W Specify:	hits, stc.
E0 B	15. DECEDENT'S EDU		rear			0010171					whit	e
ETE	(Specify only highest grade Elementary/Secondary (0-12)		-)	16a, DECEDENT'S (Give kind of life, Do NOT u	work done	during mo	on st of working	10	b. KIND OF BU	SINESS/INDU:	STRY	
COMPLET	8		,	NAVY					Mil	itary		
	17. FATHER'S NAME (First, Middle, Last) NORMAN				D. # 1/5				Middle, Meiden	Surname)		
BE	19s. INFORMANT'S NAME (Type/Print)		FRE	EMAN 19b MAILING	PIKE		NETT		GAN mber, City or Tow		ladal.	
5	BOBBY PIKE								all N.(
J	20s. METHOD OF DISPOSITION 1AJ Burisi 2 Ceremetion 3 Seem	ovel from State	20b	PLACE AND DATE	OF DISPOS	SITION (Na		DA		CATION — CH		State
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UC		WO	ODLAND C				3/:	20/93 W	INSTO	N SAL	EM N.C.
	·91,) e	4-01	0		22.	21	11 Mou	r facility	STALLIN	IGS FUI	NERAL	HOME P.A.
-	23. PART I. Enter the diseases, or o	complications that	4	the death De								. 21122
	ahock, or heart failure.	List only one cau	on e	ach line.	not enter	tne mo	ae or aying,	auch aa ca	rdiac or reapi	ratory arres	it,	Approximate interval Between
	diagon or condition	Arterio	oscl	lerotic	Ca	rdic	vascu	lar	Diseas	se		Onset and Death
	•			CONSEQUENCE O								
CATION	Sequentially list conditions,	bDUE TO	(OR AS A	CONSEQUENCE O	F):							
CAT	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с										
RTIFI	that initiated events resulting in death) LAST	DUE TO	(OR AS A	CONSEQUENCE O	F):							
EE		d										
CAL	PART II. Other significant condition	s contributing to	death b	ut not resulting	in the ur	derlying	cause giver	in Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
MEDIC									1 - YES 2	X NO		MPLETION OF CAUSE DEATH?
Σ									INQU	IRY	1 [YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26, PL	ACE OF DEATH	Check only	one)			
YSI	1 XYES 2 NO	HOSPITAL:		atient 3 🗆 DDA	4 Nur	sing Hom	s 5 KReelder	nce 6 🗆 Oth	er (Specify)			
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	26s. DATE OF (Month, De	INJURY ay, Year)	26b. TIN	E OF JURY	28c. INJI WO	URY AT RK? 'ES 2 NO		SCRIBE HOW I	NJURY OCCU	RED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF	F INJURY	- At homs, farm,				281. LO	CATION (Street s	and Number or	Rural Route	Number,
EE	4 Homicide determined	building,	atc. (Spec	:#y)				Cit	or Town, State)			
립		CIAN: To the best of										
COMPL	one) 2 📉 MEDICAL EXAMINE	R: On the basis of sx	camination	n and/or investigation	n, in my o	opinion, de	eath occured at	the time, da	s and place, an	d due to the	csuse(s) sne	menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	116.	10				29c. LICENSE	NUMBER		29d. DATE S	SIGNED (Mo	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DE	ATH (ITEM 27) (Type	Print)		0.C.I	M.E.		03/	16/	1993
	MARGARITA A.	KORELL				ENN	ST 1	RAT.TT	MORE.	MD 1	120	1
	31. DATE FICED (Month, Day, Year)	32. REGISTRA			-					110.0	4 J. G. V .	4.
	MAR 1 9 1993	February Devide	-	India.								

Wingson walk

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGI	ENE	07435
	-	1. DECEDENT'S NAME (First, Middle, Last)			TOTAL OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	1.0	Charles	J. R	osemary	Sr.		March 1	DAY	/EAR
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8:50 P BIRTNPLACE (State or Foreign
pinous	1	212-03-7959 9e. FACILITY NAME (If not institution, give :	1 M 2 □ F 77		MONTHS DAYS	HOURS MIN.	April 1	7,1915	Maryland
3 sho	Œ	3446 Parklawn A				OR LOCATION OF D	EATN	9c. COUNT	Y OF DEATH
2,	СТОВ	RESIDENCE OF DECEDENT	.ve.		Ва	ltimore			
permit. Pages 1	DIREC	10a. STATE 10b. COUNT Maryland -	Y	10c. CIT	y, TOWN OR LOCA			-	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ermi	AL	10e. STREET AND NUMBER			10	of. ZIP CODE		10g, CITIZE	N OF WHAT COUNTRY?
isi	1 15	3446 Parklawn Ave	2.			212	213		S. A.
215-0020 attending physician. ise as the burial-transit	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF NISPA	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yes or No- 14	I. RACE — American Indian, Black, White, atc.
ding ding	ВУ	3 🗓 Widowed 4 🗌 Divorced		A1 20	I I I I I I	a 2 ∐ NO Speci	y		Specify: White
.AND 21215-0 the hospital or attending detached for use as the once.	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of v life. Do NOT us	vork done during m	ION ost of working	18b. KIND OF	BUSINESS/INDUS	STRY
Spital spital		NA	NA	Tool &	Die Mal	ker	Α.	A. I.	
AND the hospits detached detached	COMP	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mai		
# E E	l w l	Casmir Rosemary				Agnes	Tribull		
MARYL. retained by the 5 should be a	0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip Co	ode)
ay be repage 5:	=	Kathleen Rosemar	, , , ,	4407	Walther	Ave., Ba	altimore,	Md. 21	214
BALIIMORE, 24 hours after death. Page 6 may be filled in by the funeral director, page ion, or removal.		20a METHOD OF DISPOSITION		netery, cremetory or of Baltimore	ther piecel			LOCATION — CH	
AL LIMOF Jeath. Page 6 m funeral director, xaminer must		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	\	22. NAME A	ND ADDRESS OF FA	CILITY	Baltimo:	re, Ma.
BALTIMOR ter death. Page 6 ma the funeral director, p yval. al examiner must	1	Alles Jos	La Blook		3331	Brehms L	eral Home ane, Balt	imore.	Md. 21213
bours after of in by the or removal.		23. PART I. Enter the diseases, or shock or heart fellows	complications that cause List only one cause on e	the death. Do n	ot enter tha mo	nde of dylno suc	h as cardisc or re	spiratory arres	t, Approximate
24 hour filled it on, or he me						out of dying, suc		opilatory arres	
ithin 24 I letely fille emation, nt, the		iMMEDIATE CAUSE (Final disease or condition resulting in death)		agh lina.					Intarval Between Onset and Daeth
executed within and completely o burlal, cremat	TION	IMMEDIATE CAUSE (Final disease or condition	a. Recur OUE TO (OR AS A b. Artery o	agh lina.	cerebi				Intarval Between Onset and Daeth
be executed within cian and completely or to burlar, cremat aumatic event, it	FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. RCCUS OUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF	cerebr 251's				Intarval Between Onset and Daeth
P.O. BOX 08/00, th certificate be executed within ending physician and completely l Hygiene prior to burlal, cremat or other traumatic event, 1	SERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. RCCUS OUE TO (OR AS A OUE TO (OR AS A	A CONSEQUENCE OF	cerebr 251's				Intarval Between Onset and Daeth
5, P.O. BOX 08/60, death certificate be executed within a attending physician and completely email Hygiene prior to burlal, cremat iny, or other traumatic event, 1	CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. ATTO OR AS A OUE TO (OUE TO (OUE TO	A CONSEQUENCE OF	cerebr	O VADVU	Pert 1. 24s. WAS	AN AUTOPSY	Intarval Between Onset and Daeth
5, P.O. BOX 08/60, death certificate be executed within a attending physician and completely email Hygiene prior to burlal, cremat iny, or other traumatic event, 1	CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ATTO OR AS A OUE TO (OUE TO (OUE TO	A CONSEQUENCE OF A CONS	cerebr	g causa given in	Part 1. 244. WAS PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
5, P.O. BOX 08/60, death certificate be executed within a attending physician and completely email Hygiene prior to burlal, cremat iny, or other traumatic event, 1	MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ATTO OR AS A OUE TO (OUE TO (OUE TO	A CONSEQUENCE OF A CONS	Cerebr	g causa given in	Part 1. 244. WAS PERI	AN AUTOPSY	Interval Between Onset and Death Onset and Dea
IL KECOKUS, P.O. BOX 68/60, law requires that the death certificate be executed within as been signed by the attending physician and completely betr. of Health and Mental Hygiene prior to burlat, cremat 23 shows any Injury, or other traumatic event, 1	MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition	b. ATTO OR AS A OUE TO (OUE TO (OUE TO	A CONSEQUENCE OF A CONS	Cerebrasis	ng causa given in	Part I. 24a. WAS PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
TAL KECOKUS, P.O. BOX 68/60, The law requires that the death certificate be executed within the has been signed by the attending physician and completely are Dept. of Health and Mental Hygiene prior to burlat, crematem 23 shows any injury, or other traumatic event, it	MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other algnificant condition Diver Caul Cause	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF A CONS	Cerebrasis	g causa given in	Part I. 24a. WAS PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to burlat, cremat PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, Item 28.	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. HOSPITAL: A' I Inpatient 2 ERUputp 26e. DATE OF INJURY (Month, Oey, Year) 28e. PLACE OF INJURY building, etc. (Spec	agh lina. A CONSEQUENCE OF CONSEQUE	Cerebration Comment of the state of the stat	Ing causa given in LACE OF DEATN (Changes Styles 19 NO causa given in LACE OF DEATN (Changes Styles 19 NO causa given in LACE OF DEATN (Changes Styles 19 NO causa given in the dual changes styles 19 NO causa given in the dual changes styles in the dual changes	Part 1. 24a, WAS PERI 1 YES eck only one) 6 Other (Specify) 28d. OESCRIBE NO 28t. LOCATION (Stre City or Town, St	AN AUTOPSY ORMED? 2 [Delo] W INJURY OCCUI	Interval Between Onset and Dasth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO RURAL Route Number,

		1. DECEDENT'S NAME (First,	Middle, Last)		-							2. DATE O				3. TIME OF OEATH
	1	ESTH	ER GO	UGH RED	MAN							MONTH	7-1993		YEAR	3:45A M
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE ('In yrs. lest bir		UNDER 1 YE		IF UNDER	24 HRS.	7. DATE OF	BIRTH		6. BIRTH	IPLACE (State or Foreign
70		218 03 169	98	1 🗆 M 2 🖵 F	7	7	YRS. MON	ITHS DA	NYS	HOURS	MIN.		Day, Year) -1 915	5	Count	ryland
should	_	9a. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b.	сту, то	WN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	
2, 3	DIRECTOR	Rt #1, Bo						Lexi	ng	ton	Park			St	Mar	y County
les 1,	<u>ධ</u>	10a. STATE	10b. COUNTY	1		10	loc. CITY, TO	WN OR L	OCATI	ION		-				10d. INSIDE CITY
Pag.	뚭	Maryland	St	Mary Cou	ntv		I	eona	ard	stow	m					LIMITS?
permit. Pages	4	10e. STREET AND NUMBER							•	ZIP COD				10g. CIT	ZEN OF	VHAT COUNTRY?
st	FUNERAL	Box 59A,	Rt 24	4							206	50			US	A
OZO physician. burial-transit	ᆵ	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT FORCES?	YES	2 NO	D	13, WAS	DECE	ENOENT C	F HISPAN	IC ORIGIN? n, Puerto Ric	(Specify Yes	or No-	14. RACI Blac	E — American Indian, k, White, etc.
P 2 2	面	3 Widowed 4 Divor		IF YES, GIVE \	MAR OR DA	ATES		1 🗆	YES	2 NO	Specify	:	·		Spec	White
r attending physic use as the burlal	a	15. DECI	EDENT'S EOU	CATION		16a. DECED	DENT'S USU	NT OCC	PATIO	N .		16b. F	UND OF BUS	SINESS/INC	OUSTRY	***************************************
	COMPLETED	Elementary/Secondary (0-	- T	College (1-4 or 5	+)	We. Do	kind of work NOT use ret	done dunn tired.)	ng mos	st of working	g					
the hospital or detached for u	M M	12+		2		Se	ecret	ary								
y the hos be detach at once.	8	17. FATHER'S NAME (First, Mi								18. MOT	HER'S NA	ME (First, Mic	ddle, Meiden	Surname)		
	핆	William V		Gough,	Sr	405.40		200000			_	Prisc				
2 2 2	임											noute Number				
may be or, page		Nancy Bear 20a. METHOD OF DISPOSITI	ON		20b	PLACEAND			_	_	XIIIQ	ton F		CATION —		wn, State
E e e		1 Burial 2 Cremation 4 Conation 5 Cher	(Specify)		cem	netery, cremate	tory or other p					1	1.77			
ALLIMO death. Page 6 funeral directo		21. SIGNATURE OF FUNERAL	SERVICE LIC	Bona 1	d Wa	de, D	j.r	22. NAN	AE AN	O ADDRE	SS OF FA	St.	ateAr	natom	ıyBoa	rd
r death		Tunna	4/1	Wille		3/18/9	93	6550	W.B	Balti	more	eSt,Ba	alto,	MD 21	1201	
ed within 24-nours ompietely filled in il, cremation, or ri event, the med		23. PART I. Enter the dishock, or he mediate CAUSE (Fin disease or condition resulting in death)	al allure.	a. Due to	use on ea	ach line.						n as cardia	ic or respi	ratory an	rest,	Approximate interval Between Onset and Death
th certificate be execu- sending physician and il Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list coriditi if any, leading to immed cause. Enter UNDERLY!I CAUSE (Disease or injur- that initiated events resulting in death) LAST	diata NG ry	е.		CONSEQUE		ine				5				
that the od by the h and Me	MEDICAL	PART II. Other significan	nt condition	s contributing to	death b	ut not resu	uiting in th	ne under	rlying	cause (given in		24s. WAS AN PERFOR	MED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requires been signe of Health												_				1 Tes 2 No
as t as t 23	SICIAN:	25. WAS CASE REFERRED TO	MEDICAL						a Di	ACE OF D	EATH ACL	nok oat:				
N: The ficate h State State	SICI	EXAMINER?		HOSPITAL:	ER/Oute	ationt 3 🗆	DOA OT	HER:				8 Other (
PHYSICIAN: The this certificate hi with the State Cirked, or Item		27. MANNER OF DEATH		28a. DATE Of (Month, L	INJURY		8b. TIME OF	280	c. INJU	JRY AT	- AUGUICO		Specify)	NJURY OC	CURED	
NG PHY fer this sath with	ВУР		Pending nvestigation	(WONN), L	oy, rour)		INJUNT		WOF	ES 2	NO					
TTENDI TTENDI TTOR: A after da	ETED E	3 Suicide 6 0	Could not be letermined	28e. PLACE (building	OF INJURY , atc. (Spec	— At home,	, ferm, stree	t, fectory,	office			26f. LOCAT City or	TON (Street & Town, State)	and Number	r or Aural	Route Number,
₹ ₹ ₹ =	COMPLI			CIAN: To the best of a												s) end menner ee stated.
THE HOSPI THE FUNEF filed within PORTANT:	ш	296. SIGNATURE AND TITLE	OF CENTIFIER	2					\neg		NSE NUN			29d. DAT	E SIGNED	(Month, Day, Year)
5 5 3 MI	10 B	DR. JOHN	FENWI			ox 30			lst	own,	MD	20650		1	111	23
		30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAU	SE OF OE	ATH (ITEM 27	7) (Type, Prin	()							1	
		31. MAR /2"0°19	193	32, REGISTRA	A'S SIGN	ATURE	3 :									

Pages 1, 2, 3 should

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit negled within 72 hours after death with the State Dent, of Health and Mental Mariene and to burial, cremation, or removal	MPORTANT: If I'em 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL OR A	JERAL DIREC	IT: If Item
TO THE HO.	TO THE FUI	MPORTA

Robert C

. IVWIN M

1 32. REGISTRAR'S SIGNATURE FURA DEVICEMENT PROPERTY.

93 07437 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MARGARIT EISTER Margaret E. Reisler 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH Month, Day, Year)
July 24, 1 🗆 M 2/XF MONTHS DAYS HOURS MIN. 218-12-7888 1922 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Joseph Richey House Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21213 3509 Crossland Ave. S. A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
 If yea. specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto R

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced WWII White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) NA Secretary Machinery & Equipment Sales NA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Evan Stanley Reisler Helen Johnson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Elise Curtis (Sister) 3509 Crossland Ave., Baltimore, Md. 21213 20a. METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 1 4 Donation 5 Other (Specify) METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Burial 2 Cremation 3 Removal from State Parkwood Cemetery 3/18 Baltimore, Md. 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSE 3331 Brehms Lane, Baltimore, Md. 21213 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset end Death disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Respiratory Arvast CERTIFICATION Sequentielly list conditions, DUE TO OR AS A CONSEQUENCE OF): Bone Marrow Bone - Nodes If any, leading to immediate cause. Enter UNDERLYING latastases CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST ancinoma PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 140 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Hosp 8 Other (Specify) ng Home 5 🗆 Residence 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated. 296. SIGNATURE AND TITLE OF CENTIMER 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8 28 N. Curust



3. TIME OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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1314	executed
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O. BC	certificate
<u>a</u> .	death
S	the
H	that
SECO.	requires
-	SW.
Z	The
OF VIT	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OB APPENDING PHYSICIAN: The law requires that the death certificate be executed within
	HOSPITAL

Ì	4. SOCIAL SECURITY NUMBER 030-07-4201	5. SEX 6. AG	E (In yrs. lesi		FUNDER 1 YEA	R IF UNDER 24	HRS. 7. DATE	OF BIRTN	a DIDTMDI	
	000 01 1201		SIL	YRS.	ONTHS DAY		MIN. (Mon	th, Day, Year)	Country)	CE (State or Foreign
OR	98. FACILITY NAME (If not institution, give at 6318 GREENSPRIA		T208	9	-	N OR LOCATION			ITY OF DEAT	JURN H
DIRECTOR	10a, STATE 10b. COUNTY			_	OWN OR LO					d. INSIDE CITY LIMITS?
10.	MARYLAND 100. STREET AND NUMBER					10RE 10f. ZIP CODE	700		ZEN OF WHA	YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1	A2. WAS DECÉDENT EVE FORCES? 1 YI IF YES, GIVE WAR DE	S 2 1		13. WAS I	DECENDENT OF	209 NISPANIC ORIGI Maxican, Puarto Specify:	N? (Specify Yea or No-	14. RACE — Bleck, W Specify:	American Indian, rhita, etc.
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		(Gi	Do NOT use r	k done during etired.)	ATION most of working		CLOTHING	PUSTRY	
E CON	17. FATNER'S NAME (First, Middle, Last) LSAAC	ROSENBLUIL		1		18. MOTHE	R'S NAME (First,	Middle, Maiden Surname) ARGPLIS		
TO BE	19a. INFORMANT'S NAME (Type/Print) JOAN ROTKIN	KUSENDLUJU	191			et and Number o	r Rurel Route Nun	nber, City or Town, State, Zip	-	20/
	20a. METHOD OF DISPOSITION 1	oval from Stata	20b. PLACE other pla	ICE)		-		20c. LOCATION -		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee						YARZULLO FOR		
	23. PART I. Enter the diseases, or a shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Districtions that could be course by the cou	n esch ilne		enter the	mode of dyln				Approximate interval Between Onset and Dead 3 weeks
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	Fibras A CONSEI	ULAL OUENCE OF): Tir (im		ien De	sein		2 month
CERTIF	that initiated events resulting in death) LAST	d								
: MEDICAL	PART II. Other algolficent condition Prosthetic Abdomena	agrite V	alve			lying cause gi	ven in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	0	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	autnetlant 3		THER:		ATH (Check only of Idence 6 🗆 Oth			
	27. MANNER OF DEATH 1 Natural 6 Pending	28a. DATE OF INJU (Month, Day, Ye	RY	28b. TIME	OF 28c	INJURY AT WORK?	26d. Di	EŞCRIBE HOW INJURY OC	CUREO	
FED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, etc. (me, farm, etr	eet, factory,	office		CATION (Street and Number by or Town, State)	r or Rural Rou	te Number,
LET	(Orack Off)	The second secon						euse(a) and menner as sta		nd manner as stated
COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of axamin	ation and/or	manage Auton'	in my opinio	on, death occur	a at the time, de		ne canea(a) a	

120 SR. PIERRE DR SUITE 105 TOWSON, M.D.

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

PATRICIA A. SAVADEL

MAR 19 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

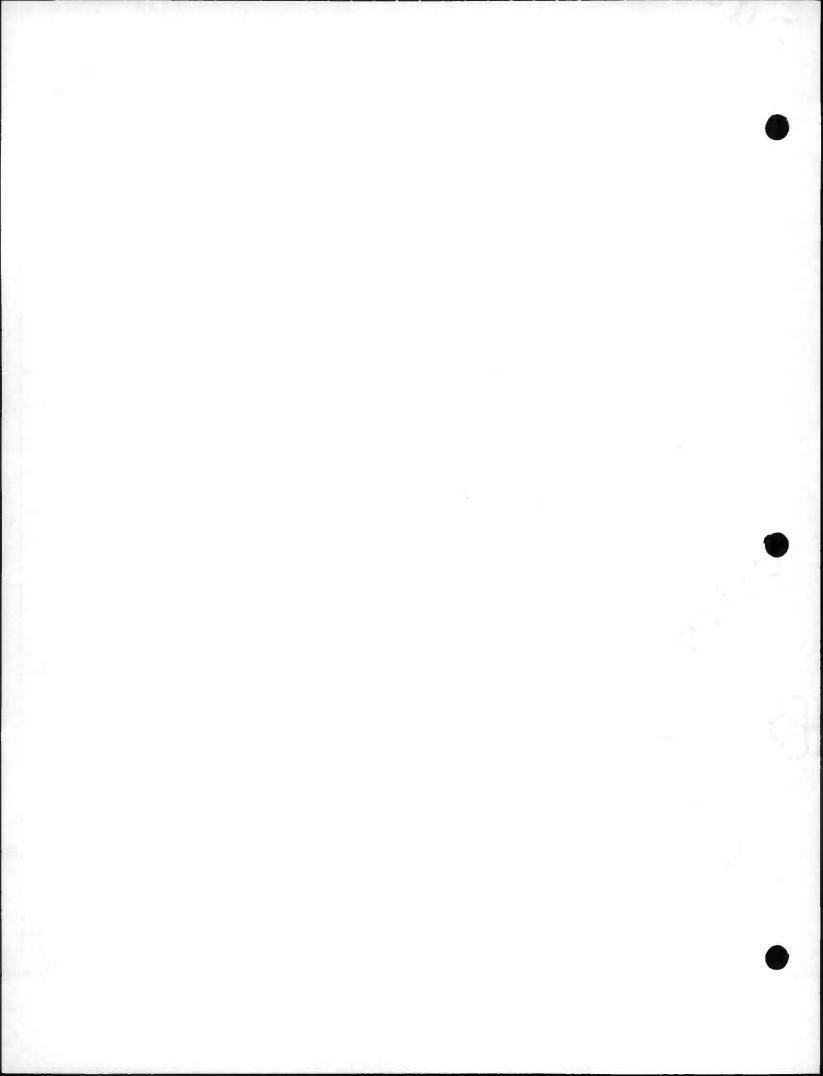
2. DATE OF DEATH

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	DING	After	death
	ATTEN	ECTOR	s after
	8	DIR	hour
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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		FOR 1 - STATE REGISTRAR	STATE OF I	MARYL			TMENT ICATE				MENT	AL HYGIEI	IL -	3 (7439
		1. DECEDENT'S NAME (First, Middle, Last)	MARY Z. F	ROM							MOI	E OF DEATH	Å, 19	993	3. TIME OF DEATH 11:15 AM M
	8	4. SOCIAL SECURITY NUMBER 232-26-1250	5. SEX	6. AGE	(In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.		E OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	OR	9a. FACILITY NAME (If not institution, give a JEWISH CONVALES)		C				TIM		ION OF DE	EATH		9c. COU	INTY OF C	
N	DIRECTOR	10a. STATE 10b. COUNT MARYLAND	Y			10c. CIT	P, TOWN O	TIMO							10d. INSIDE CITY LIMITS? 1 WES 2 NO
	FUNERAL	1 RUSSERN CT., A								21215			Ţ	IZEN OF	WHAT COUNTRY?
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	XX		13. 1	MAS DEC f yes, sp YES	ENDENT Cube	OF HISPAN an, Mexica Specify	NC ORK in, Puerl y:	GIN? (Specify Yo o Rican, etc.)	es or No—	14, RAC Blac Spec	E — American Indian, k, White, etc.
	COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		+)	(G	ive kind of Do NOT u		furing mo	st of work	ing	- 1	6b. KIND OF BI	JSINESS/IN	DUSTRY	
t once.	COMP	17. FATHER'S NAME (First, Middle, Last)	ZUNDELEV	TMZ			HOUSE	WIFE				t, Middle, Maide	HOME		
notified at once.	TO BE	19a. INFORMANT'S NAME (Type/Print) MR. ELIAS ROM	ZUNDELEV	1172	190		ADDRESS 7 GRE			r or Rural i		N mber, City or To SISTERS			21126
must be		20a METNOD OF DISPOSITION 1 Method 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	oval from State			AND DATE	of dispos	ITION /Na	_	ND.	0		OCATION -	City or To	own, Stata
examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE)	20	-UZ (S	OL I	EVI	SS OF FA	& B	ROS.,I	NC.		
ent, the medical		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cer	ges on e	each line	osth. Do	not enter	the mo	de of dy	ing, suc	h ss ca	N RD.	olratory sr	rest,	Approximate Interval Between Onset and Death
r other traumatic event, the medical examiner must be	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c			DUENCE O									
hows any injury, o	MEDICAL CE	PART II. Other significent condition	d	death à	out not r	resulting	In the un	derlying) cause	given in	Part I.		RMED?	248	a. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or Item 2	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHER 4 Num	i:		DEATN (Ch		one) her (Specify)			
	ВУ РНУ	27. MANNER OF OEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	Nay, Year)			M	1 🗆 1	RK? res 2 [□ NO	28d. D	EŞCRIBE HOW	INJURY OC	CUREO	
.00	ETED	3 Suicide 8 Could not ba 4 Nomicide detarmined	26a. PLACE C building,	etc. (Spe	Y — At ho	me, ferm,	streel, facto	ory, offici			26f. Lt	CATION (Street ty or Town, State	and Numbe	r or Rural	Route Number,
IMPORTANT: If Item 28	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINI													a) and manner as stated.
IMPORT	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	-Ow	sle	, 4	n	2		29c. LIC	ENSE NUI	BER 9	64		3-15	(Month, Day, Year)
			sberg M	۵			Libe	ty	fla	2a 17	hal	1: Ran	talls	tou	MO 21133
		31. DATE FILEO (\$44**	MART	9 1	993	a du	his New	Malan	-Man	della		/			



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ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending p	AL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fumeral director, page 5 should be detaiched for use as the b	73 hours after death with the State Days of Health and Mental Heriscos ories to backly contration or seminar
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ŀ	1. DECEDENT'S NAME (FIRE	st, Afficialis, Laust)		atacres	ERTIF	diseasurar		2. DATE OF D	DEATH DAY	TEAN 3.	TIME OF DEATH
- 1	4. SOCIAL SECURITY HUM	BER	IRE s. nex	B. AGE (In yes, to	at Notheria	RODMAN IF UNDER 1 YEAR	F UNDER 24 HRE.	MAR.	14, 1993		8:50 P
- 1	213-34-702		1 - M 2 XF	87	YRS.	WONTHS DAVE	HOURS MIN.	(Month, Day	(Year)	Country)	ACE (State or Foreig
ı	DR. FACILITY HAME (If not		street and number)			Sb. CITY, TOWN	OR LOCATION OF D	AUG.		5MARY TY OF DEAT	
8	LEVINDALE					BALTIM	MORE				
DIRECTOR	REBIDENCE OF DE 10s. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	KTION			10	Id. INSIDE CITY
ä	MARYLAND	BALT	IMORE		RA	NDALLSTO	OWN			,	VES 2 NO
FUNERAL	3913 CHAFF					10	21133		- 127722	EN OF WHA	ET COUNTRY?
₽ -	11. MARITAL STATUS	EI RD.	12. WAS DECEDEN	OT EVER IN U.S. A.	DMITTO:	T 12 Mar 00	CENDENT OF HISPAI	and desirated to	USA		200 200 202
ā	1 Never Married 2 3 Wildowed 4 Div	111.750	FORCEST 1	YES 2 WAR ON DATES 2	NO	If yes, a	pecify Cuban, Mexica 8 2 NO Specif	ın, Puerto Rican		Specify: WHIT	American Indian, Wills, etc.
		CEDENT'S EDU by highest grack		- //	live kinet of	USUAL OCCUPATI work done during m	ION sost of working	166. KING	O OF BUSINESS/INDU		
15	Elementary/Secondary ((0-12)	College (1-4 or 1)	·) m	OPRI	se versed.)	eucitanie M a tr	REST	PAURANT		
COMPL	17. FATHER'S NAME (First, I	Michalle, Land)		1 **			18. MOTHER'S NA		, Maiden Sumame)		
	MAX ROS	ENBERG					ROSE		ANTA		
0	MS. KAREN K			н	H. MAILING	ADDRESS (Street	and Number or Rural	Route Mumber, C	tly or Rwn, Ston, Zip (Code)	
	204 METHOD OF DISPOSIT	TION Ion 3 🗆 Rem	novel from State	20b. PLACE cometary, cr	AND DATE	DEER PA OF DISPOSITION IN other places	Contract to the second	DATE	20c. LOCATION — C		
	4 Donation 5 Othe	r (Specify)		7.7	H TF	ILOH	3/17		BALTIMOR	E, MD	
- 1	21. SIGNATURE OF FUNER	AT BEHAICE IN	CEMBEE	Ω			AND ADDRESS OF FA		TNC		
4	16	ex	100	Four	1	6010	RETSTERT	OWN RD	BALTO	, MD	21215
- 1	23. PART I. Enter the chock of	diseases, or heart failure.	List only one cau	t caused the duse on each lin	eath. Do i e.	not enter the m	ode of dying, suc	h as cardiac	or respiratory arre	et,	Approximat Interval Bet
-	IMMEDIATE CAUSE (FI	nat	A	SAwak	-	Aveins					Onset and t
- 1	resulting in death)		DUE TO	(Of AS A CONSE	GUENCE O	1 week	WC17				
<u>ء</u> ا	Sequentially list condi-	tions (mulu	/	1					
ž	if any, leading to imme cause. Enter UNDERLY	ediate	DUE TO	L A CONSE	OUENCE O	n L					
	CAUSE (Disease or Injustrational Injustration Injustratio		DUE TO	OR AS A CONSE	QUENCE O	FI:				14.	
CERTIFICATION	resulting in death) LA	ST	d	1							
7	PART II, Other signific	ant condition	ns contributing to	death but not	resulting	in the underlyin	ng cause given in	Part I. 24s.	WAS AN AUTOPSY	24b. W	ERE AUTOPSY FING
MEDICAL									PERFORMED?	CC	MILABLE PRIOR TO IMPLETION OF CA
i									~	600	DEATH?
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- 11	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL			QTHER:	LACE OF DEATH (Ch	eck only one!			
- 11	1 TYES 2 CHIND		1 🗆 Impetient 2 🗆			A Harsing Hor	me 5 🗆 Residence				1/
- 11	$-\sim$			INCIDITY .	28b. TIN		JURY AT	26d. DESCRIB	RE HOW INJURY OCCU	URED	
PHISICIAN	27. MANNER OF DEATH	Pending	28s. DATE OF (Month, I)		194.						
BY PHYSICIAN:	27. MANNER OF DEATH 1	Investigation	(Month, D	iny, Wair) OF INJURY At h		W 1□	YES 2 NO	28f. LOCATION	N (Street and Number o	or Rural Rout	te Number
ED BY PHYSICIAN:	27. MANNER OF DEATH 1		(Month, D	leg: Weard			YES 2 NO	28f. LOCATION City or Ex	N (Street and Number over, States	or Runal Rout	te Alumber,
ETED BY PHYSICIAN:	27. MANNER OF DEATH 1 Hetural 5 2 Accident 3 Suicide 6 4 Homicide 22s. CERTIFIER Communication	Investigation Could not be determined	26s. PLACE O building.	W INJURY — At h	ome, farm,	M 1 🗆	YE5 2 NO	City or The	wn, States	2002-00-00-00-00-00-00-00-00-00-00-00-00	te Mumber,
ETED BY PHYSICIAN:	27. MANNER OF DEATH 1 Meturel 5 2 Accident 3 Suicide 6 4 Homicide 1 Gen (Check only	Could not be determined	28s. PLACE O building.	W (Nov) W (Nov) W (Nov) W (Nov) W (Nov) W (Nov) W (Nov)	ome, farm,	M 1	YES 2 NO ce	City or Re	N (Sheet and Mumber over, States and manner as states place, and due to the	d.	A SA WASHA DA

SOMPLETED CAUSE OF DEATH (ITEM 27) (NOW PRINT)

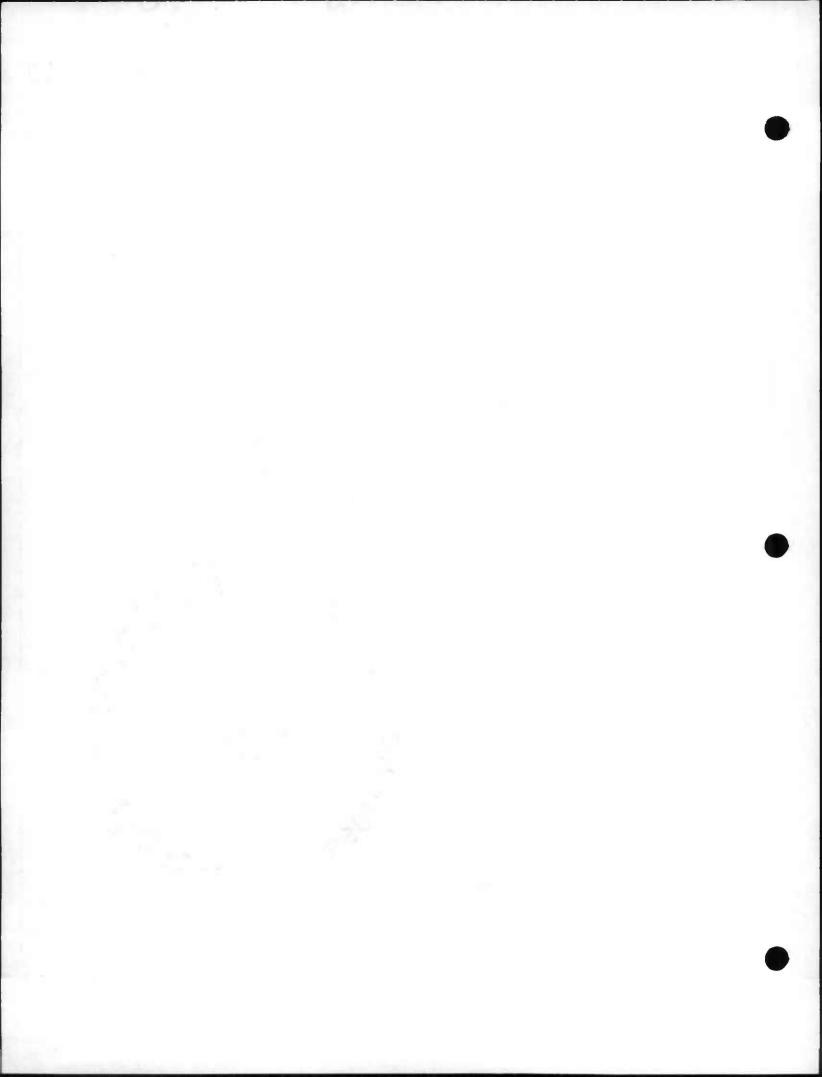
THE HEIGHTS AVE

33. REGISTRAN'S SUMATURE

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(904 th, Day, Mar)

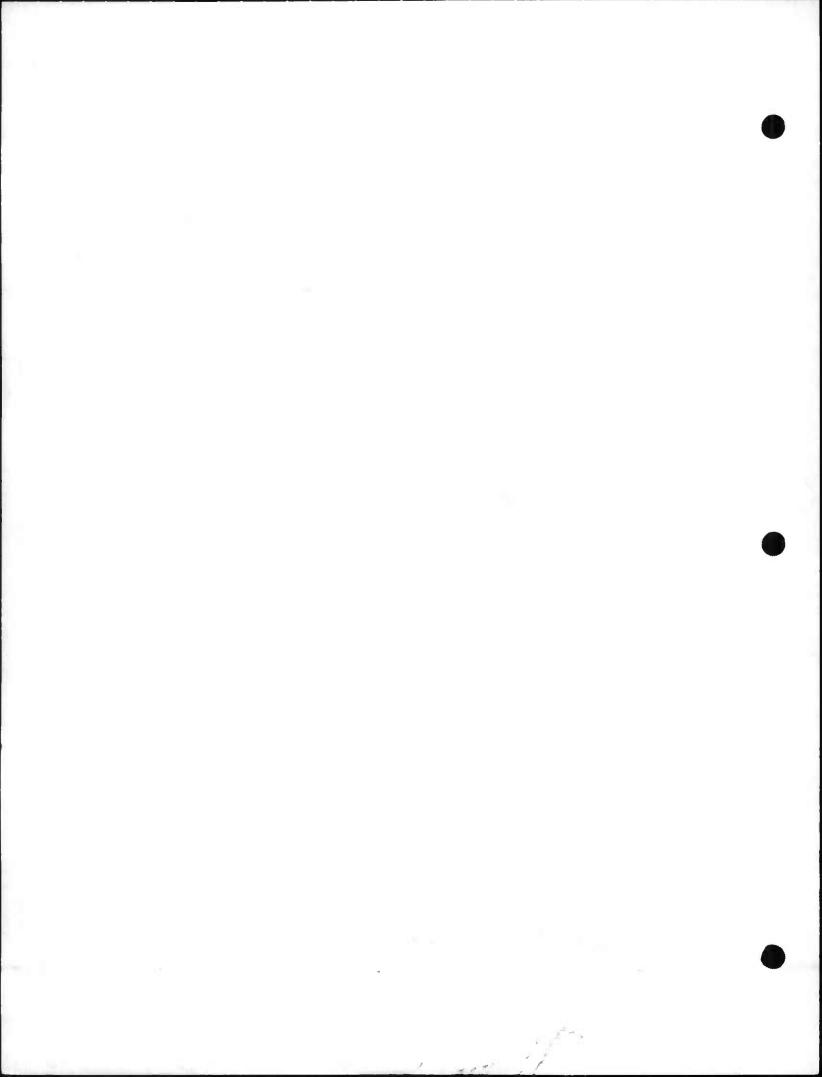
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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) GEORGINE . HEAD 3. TIME OF DEATH SEELY (TEORG D3 ENE 11105 Am 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign 3 HOURS 1 M 2 F VDS Pennsylvania page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel General Hsp DIRECTOR Annapolis Anne Arundel County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Co Annapolis 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 710 Glenwood 21401 USA within 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto R 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5+) 12 +2 Nurse Red Cross 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Charles Blanchard Seely BE Virginia Irene Head 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles B. Seelv 203 4th Avenue Box 509, Grinnell . Towa 50112 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must has been signed by the attending physician and completely filled in by the funeral director, Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 4 X Donation 5 Sther (Specify) 22. NAME AND ADDRESS OF FACILITY State Anatomy Board examiner SIGNATURE OF FUNERAL SERVICE LICEN Ronald Wade, Dir 3/18/93 655W.Baltimore St, Baltimore, MD 21201 medical 2\$. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shock, or heart fallure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death the th disease or condition DUE TO (ON AS A CONSEQUENCE OF) Failure resulting in death) event. OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, MEDICAL PART II. Other eignificant conditions contributing to deeth but not reculting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem. this certificate the State EXAMINER? HOSPITAL:
1 Pinpatient 2 PR/Outpatient 3 DOA OTHER: 1 | YES 2 |-NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, With 1 Netural 5 Pending Investigation M 1 YES 2 NO THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After the filed within 72 hours after death v BY 2 Accident 26s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 99 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 28 4 Homicide Hem 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data end place, end due to the cause(e) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE BE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) > Kun 024804 5 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND AODRESS OF PERSON Robert Peterson Ridg 600 32. DEGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1	•	STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE		*		29c. LICENSE NUI			SIGNED (Month, Day, Year)
COMPLET		SICIAN: To the bast of my know						
G	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	IY — Al home, farm, st ecify)	reet, factory, of	lice	26f. LOCATION (S City or Town,	Street and Number of State)	r Rural Route Number,
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		RY V	NJURY AT YORK? YES 2 NO	28d. DEŞCRIBE I	HOW INJURY OCCU	RED
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CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			PLACE OF DEATH (Ch	eck only one)		
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DICAL C					g given iii	Pi	ERFORMED?	AWAILABLE PRIOR COMPLETION OF OF DEATH?
	PART II. Other significant condition	ons contributing to deeth	but not resulting in	the underly	ing cause given in	Part i. 24a W	AS AN AUTOPSY	24b, WERE AUTOPSY F
RTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (Disease or injury CALISE (DISEASE							
N.	DUE TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):							
	resulting in death) a. Metastatic Breast & Oversian Gr. Gelass							
	23. PART i. Enter he diseases, or shock, or heart failure immediate CAUSE (Final	List only one cause on	ed the death. To no	ot enter the n	node of dying, suc	h an cardiac or	respiratory arres	Approxim
	Schimunek Funeral Home ,3331 Brehms Lane Baltimore, Md. 21213							
	4 Donation 5 Other (Specify)		rarkwood (22. NAME	AND ADDRESS OF FA	3/20		ore, Md.
	20s. METHOD OF DISPOSITION 1	20	Db. PLACE AND DATE OF COMPLETE	F DISPOSITION /	Name of	DATE 2	c. LOCATION — C	ty or Town, State
2	190. INFORMANT'S NAME (Type/Print) Elise Ricciuti	(Sister)			and Ave.,			
5 m	Frank Prucha					y Sevc	raiden Sumame)	
COMPLET	NA 17. FATHER'S NAME (First, Middle, List)	NA	Clerk		16 MOTHER 10 AL	Pos	t Office	
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during i	TION most of working	16b. KIND C	OF BUSINESS/INDU	STRY
À	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			ES 2 NO Specif			Specify: White
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		2120 ECENDENT OF HISPAI specify_Cuban, Mexico	NIC ORIGIN? (Spec		U. S. A. 4. RACE — American Indi
	100. STREET AND NUMBER 608 N. Robinson	C+			10f. ZIP CODE	\F	10g. CITIZE	EN OF WHAT COUNTRY?
DIRECTOR	Maryland 10b. coun		10c. CITY,	TOWN OR LOC	imore			10d. INSIDE CIT LIMITS? 1XXYES 2
TOR	RESIDENCE OF DECEDENT	d Samaritan H	Hospital	В	altimore			
	217 328130 9a. FACILITY NAME (If not institution, give		82 YRS.	9b. CITY, TOWN	OR LOCATION OF D	10/20 EATH		Maryland Y OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	Helen M. (In yrs. last birthday) 22 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y	Ή (BIRTHPLACE (State or F Country)
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the i	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained from the State Deut, of Health and Mental Horiene oring burial, cremation or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one
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93 07443 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAT 16-93 TEAR 03 /6 /993 SILVINE SLINGLUFF SAVAGE 3. TIME OF DEATH SAVAGE SILVINE 7.45 P. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 185 - 36 - 7556 85 1 M 2 F YRS HOURS 12-2-1907 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital na Baltimore, maryland RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland na Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14 Midvale Road 21210 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— H was anactiv Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: SpecMyWhite BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY 3.5 Homemaker 12+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jesse Slingluff Kathleen Kernan BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Peter Savage 14MidvaleRoad, Baltimore, MD 21210 20a. METHOD OF DISPOSITION
1 □ Buriel 2 □ Cromation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE 4 & gonation 5 ther (Sporty)

When the sport of the sport 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.Baltimore St, Balto, MD 21201 3/18/93 23. PARTT. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. interval Bety Onset and Death IMMEDIATE CAUSE (Finel ase or condition SEPSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE METASTATIC BREAST CANCER 1 TYES 2 NO 1 YES 2 NO PHYSICIAN:

				26. PLACE OF DEATH (C)	neck only one)
		HOSPITAL: 1 Mpetient 2 ER/Outpetient 3	DOA 4 Nu	R: Irsing Home 5 - Residence	6 ☐ Other (Specify)
		28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 4 Homicide	6 Could not be determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, fa	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

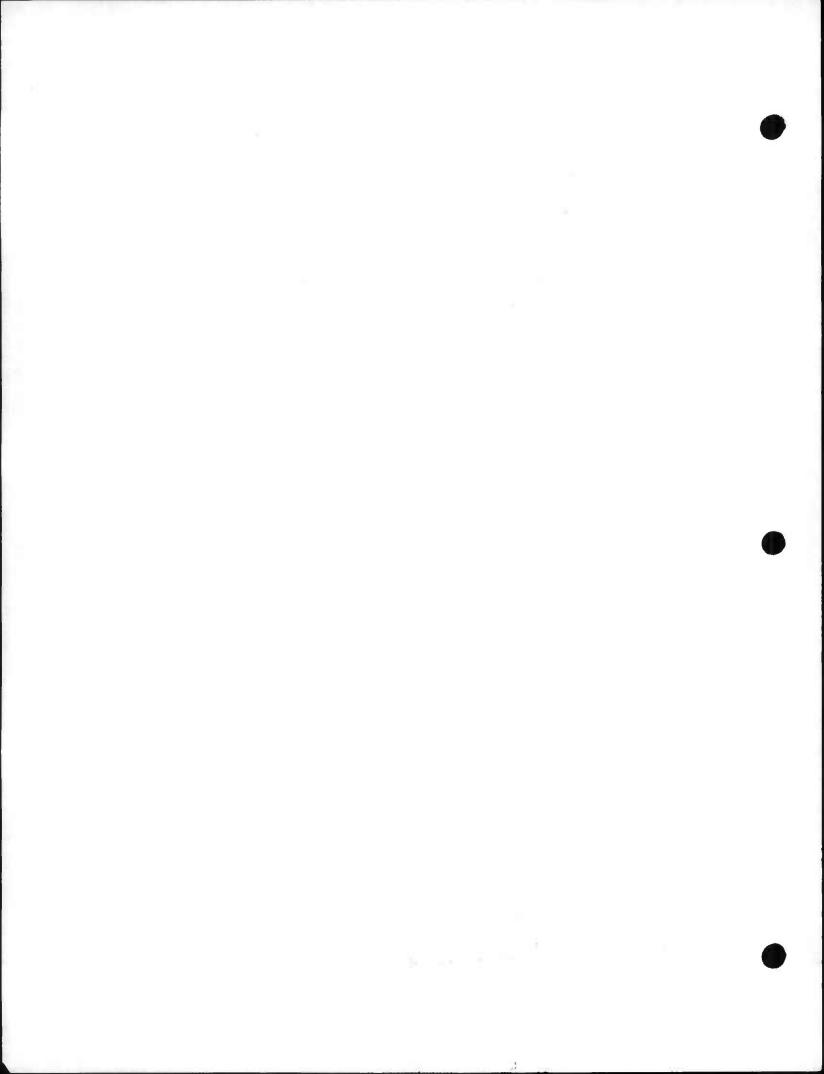
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) RESIDENT- MEDICIN 03/16 Willingua 93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOSEPH J. PUTHUMANA, UNION MEM. HOSP. E. UNIV PKWY., BALTIMUNE, 19D

DATE FILED	(Month,	Day, Year)	32. REGISTRAR'S SIGNATURE
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	FE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratained	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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use as the burial-transit permit. Pages 1, 2, 3 should

or attending physician.

21215-0020

BALTIMORE, MARY

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) GENE SAVAGE 2. DATE OF DEATH YEAR Gene 149 C 3 4. SOCIAL SECURITY WILMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-40-1171 1 18 M 2 | F DAYS YRS. 50 8/30/42 MD 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH BY FUNERAL DIRECTOR BON SECOURS HOSPITAL BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 518 N. CAREY STREET 21223 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yes, specify, Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced AFR. AMERICAN COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Coffege (1-4 pr 5+) at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE SAVAGE **EVELYN SAVAGE** notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARGARET HILL 518-N CAREY STREET BALTO. MD 21223 Pe 20s. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must BALTO. MD ZION /CEM 3/19/93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 or removal 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart fallure. List only one cause on each Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) other-traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 10 Injury, PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 23 h the State D 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) HOSPITAL: 1 TYES 2 NO etlent 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Netural
Accident 5 Pending 1 YES 2 NO В Investigation 28s. PLACE OF INJURY — At home, farm, atrast, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 COMPLETED 6 Could not be 4 Homicide 58 determined item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as atteted. TO THE HOSPITAL O
TO THE FUNERAL DI
be filed within 72 ho
IMPORTANT: If Ite (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day Year) BE giberthe 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, (ITEM 27) (Typo, 31. DATE FILED 32. REGISTRAR'S SIGNATUR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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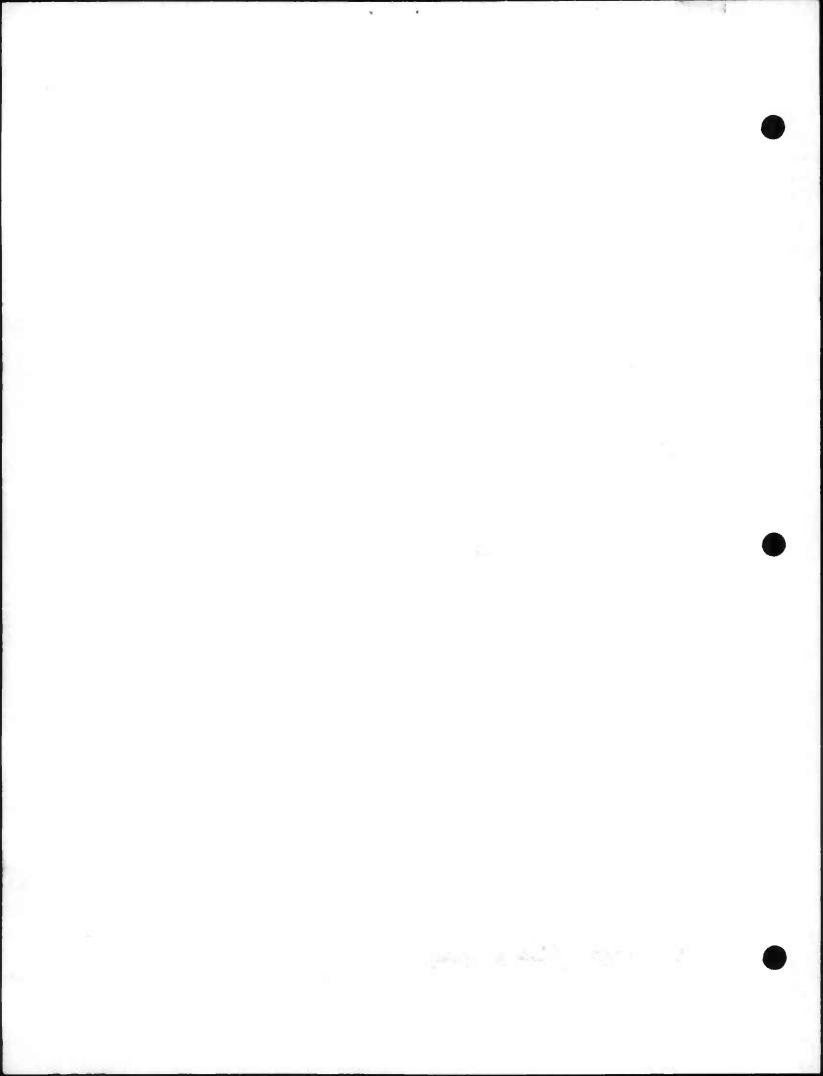
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMO
OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 burs after death with the 52 state begit, of Health and Mental Hygiers point to burial corrections, correction, or emboral. In them 28 is marked for the 25 should be above and in the 25 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 75 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 75 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 75 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 75 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 75 should be detached for use as the burial-transit permit.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	LAWRENCE SUTTON DAY YEAR 3:26 P.
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	227 143 186 1 18 73 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)
	22 113.00
-	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
l ö	LIBERTY MEDICAL CENTER PSALLO,
5	RESIDENCE OF DECEDENT 10a, STATE (10b, COUNTY
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	1 YES 2 NO
1 A	104. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
E	1905 (DOKS Lane 21279 WSH
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - American Indian,
L	1 Never Married 2 Married FORCES? 1 YES 2 RO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, atc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR DR DATES 1 YES 2 NO Specify: Specify: Shack
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 18b. KING OF BUSINESS/INDUSTRY
E	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)
1 4	(12/)
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)
	18. MOTHER'S NAME (First, Middle, Maiden Surname)
	10 ere sollon
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Member, City or Town, State, Zip Code)
	Lynette Acevedo 4410 totest Park Are,
	20a. buffHOD OF DISPOSITION 1 D Burlai 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of cameter) and completely an appropriate to the completely and completely an appropriate to the cameter).
	4 Donation 5 Other (Specify) Edward Ville Up
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
	+ feft Miller Cold Miller Ht 4 21213
	3 - The property
2	23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, whereas the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and or respiratory arrest a
	IMMEDIATE CAUSE (Final Onset and Death
	disease or condition
	OUE TO (DR AS A CONSEQUENCE OF):
	DAME
[] □	Sequentially list conditions, if any, leading to immediate
M M	cause. Enter UNDERLYING
	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE DF):
	resulting in death) LAST ICOVA
CERTIFICATION	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL	DEHVORDON, 1+TN CONVULSIVE DISORDER PERFORMED? COMPLETION OF CAUSE
111	OF DEATH?
ME	1 YES 2 NO
PHYSICIAN:	AT WAS CARE DEFENDED IN MEDICAL
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
XS S	1 YES 2 2/ND 1 Inpetient 2 FR/Outpettent 3/11 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
E	27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. OE\$CRIBE HOW INJURY OCCURED
BY	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 ND
	3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Bural Boute Number,
	4 Homicide determined building, etc. (Specify) City or Town, State)
COMPLETED	29a. CERTIFIER
A P	(Check only 1 DERHIPYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
E CO	one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
	Emphini, mo (E. UOLGINO, MD) D16333 > 3/15/93
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	ERNESTO MOLFINO, MS. LYBERTY MEDICAL CENTER
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
	MAR 19 1993 Sulis Keigher Broken
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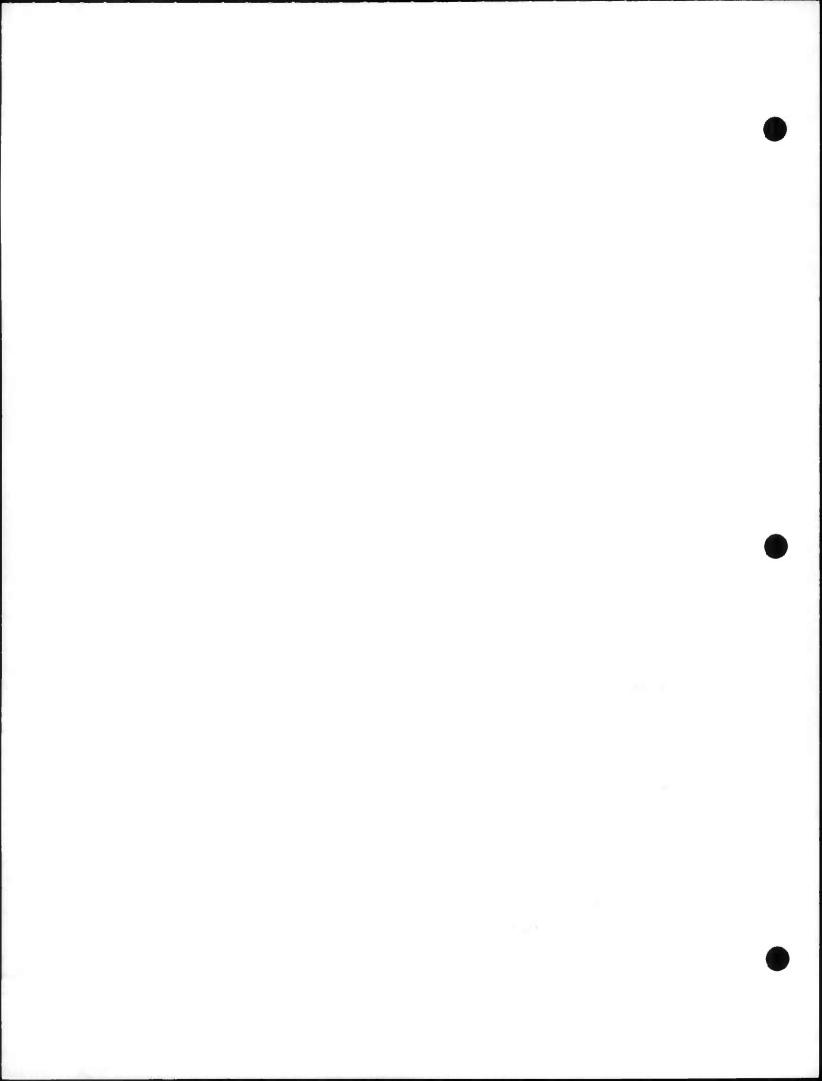


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-thosit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		01440
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	SARA R.	SOLOMON				MARCH 14	,1993 YEAR	6:52 AM
	4. SOCIAL SECURITY NUMBER 213-46-3141	1 🗆 M 2 💢 F	In yrs. lest birthday) 89 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1904 9	THPLACE (State or Foreign ARYLAND
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
DIRECTOR	CHERRYWOOD NURS	ING HOME		REIS	TERSTOWN		BALT	IMORE COUNTY
H	10e. STATE 10b. COUNTY	ſ	10c. Cf	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER			BALTIN				1 [X 1 ≥ 2 □ NO
FUNERAL	7111 PARK HTS AV	다		10	f. ZIP CODE			F WHAT COUNTRY?
S	11. MARITAL STATUS	12 WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	21215	NIC ORIGIN? (Specify Ye	USA	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexica 2 TNO Specif	in, Puarto Rican, atc.)	Bi	ACE — American Indian, ack, White, etc.
Э ВУ	3 📝 Wildowed 4 □ Divorced				X X X	<i>y</i> .	36	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S (Give kind of life, Do NOT u	Work done during me	ON ost of working	18b. KIND OF BU	SINESS/INDUSTRY	,
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		EWIFE		20.07	1 HOME	
O	17. FATHER'S NAME (First, Middle, Last)		11000) TO A T T. T.	16. MOTHER'S NA	ME (First, Middle, Melden	HOME	
BE C	JOSEPH SCHMUCK	LER			1	L BERMAN	Surrieme	
5 B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zip Code)	
F	DR. DAVID M. S		3706	BRETON V	AY BALTI	MORE, MD 2	21208	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 1 Rame	oval from State cem	PLACE AND DATE	OF DISPOSITION (Ne	eme of		CATION - City or	Town, State
	4 Donation 5 Other (Specify)	21	HEBREW	FRIENDS			TIMORE,	MD
	· Andal	74	and the same		ND ADDRESS OF FA	& BROS. F	INFPAT F	HOME
	The count of	Numm		6010	DETCHED	CHIONINI DON	D DATES	MD 21215
	23. PART I. Enter the diseases, or ahock, in heart failure.	omplications that caused List only one cause on as	tha death. Do inch lina.	not enter the mo	ide of dying, suc	h se cardiac or resp	ratory arrest,	Approximate interval Between
						Onset and Death		
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	S DE	MENTI	H		<u> </u>
z								
CERTIFICATION	Sequantially list conditions, if any, lesding to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	h						
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
E		i						
ÄL	PART II. Other significant conditions	contributing to death bu	at not reaulting	in the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Ö	Hyperterniun	Thrember	חוכיטנוע	<i>^</i>		1 YES 2		COMPLETION OF CAUSE OF DEATH?
M						_		1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			20 81	ACE OF DEATH (C)			
SIC	EXAMINER?	HOSPITAL:	atlant 3 DOA	OTHER:	ACE OF DEATH (Ch			
Ή	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIM	E OF 28c. INJ	URY AT	6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURED	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	IN.		PRK? YES 2 NO			
	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, atc. (Speci	— At home, term,	street, factory, offic	•	261. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,
	4 Homicide determined							
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of my knowle	edge, death occurr	ed at the time, date	and piece, and due	to the cause(a) and mar	nner as stated.	
8		R: On the basie of examination	and/or investigation	on, in my opinion, d	eath occured at the	time, date and place, an	d due to the ceuse	e(a) and manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER	waska.	A-4-	ohim.	29c. LICENSE NUM	IBER	29d. DATE SIGNS	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 2T) (See	duy	0520	102	3.1	4-1993
	CARNIA MA	KO LIA . TIS	Z) 100 C + 1	2 St. 12	ZEISTE-101	STOWN M	0 21130	6
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	, 3-) 1	- de la Landa Maria	, , , , ,		
	MAR 1 9 1993	Fulia Savidson	Randelli					

BALTIMORE, MARYLAND 21215-0020

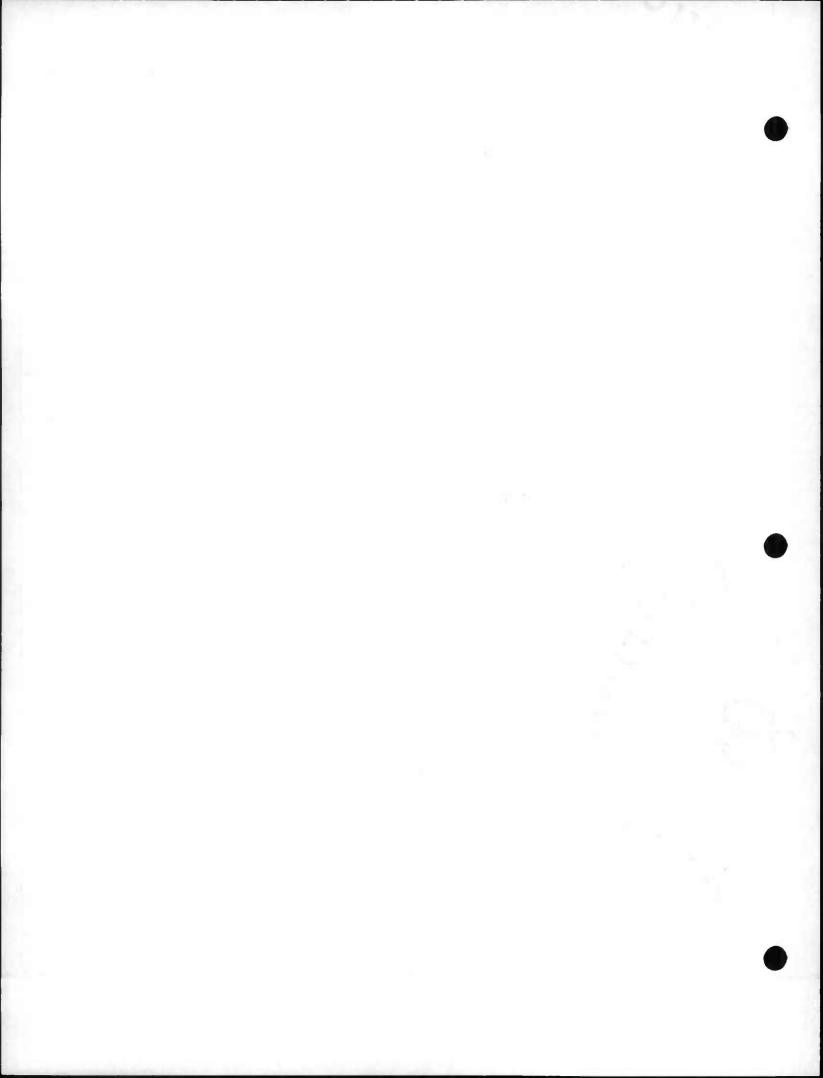
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



1	6	T.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, from thous after death with the State Deot, of Health and Mental Hydene prior to burial, cremation, or removal.	
ORDS, P.O	that the death cert	ed by the attending th and Mental Hygie	
TAL REC	The law requires	ate has been sign ate Dept. of Heal	-
ON OF VI	JING PHYSICIAN:	After this certifical	
DIVISIO	L OR ATTEND	hours after o	

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tribe filed within 72 hours after death with the State Deor, of Heath and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or litem 23 shows any injury, or other traumatic evant, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR C		ICATE OF			REG. NO.						
	DECEDENT'S NAME (First, Middle, Last) VIVIAN SILVE	RMAN	1			DATE OF DEATH	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. la 1 \(\text{ M 2 KF} \) 81	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24		OUNE OF BIRTH	912	8. BIRTHE Country	PLACE (State or Foreign MD .			
NG.	9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL		96. CITY, TOWN O				EATH					
اظ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	40. 017	Y, TOWN OR LOCAL									
DIRECTOR	MD. BALTIMORE		BALTIMOR						10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 3305 WILD CHERRY ROAD		101	ZIP CODE	44		10g. CITI		HAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp		Mexican, Pa	RIGIN? (Specify Yes serto Rican, etc.)	or No-		E — American Indian, c, White, etc.			
COMPLETED	(Specify only highest grade completed) (C Elementary/Secondary (0-12) College (1-4 or 5+)	ECEDENT'S Give kind of the DO NOT us HOUSE!	USUAL OCCUPATION WORK done during mose retired.)	ON at of working		166. KIND OF BUS		USTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last) MONAS DONALD 18. MOTHER'S NAME (First, Middle, Maiden Surname) SOPHIE (UNKNOWN)											
TO B	19a. INFORMANT'S NAME (Type/Print) JULIUS DONALD	7301	PARK HE	nd Number of	AVE,	Number, City or Town APT • #304	n, State, Zip BALT	Zip Code) GTIMORE,MD.(21208				
	20s. METHOD OF DISPOSITION 1 \times Burlet 2 \cap Chemation 3 \cap Removal from State 4 \cap Donation 5 \cap Other (Specify) \qquad MIKRO KODESH—BETH ISRAEL 3/16/93 BOWLEYS LA											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE.		22. NAME AI SOL	NO ADDRESS OF FACILITY LEVINSON & BROS., FUNERAL HOME REISTERSTOWN RD., BALTIMORE, MD. 21215								
	23. PART i. Enter the diseases, or complications that caused the dishock, or heart failure. List only one cause on each lin IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Septic 5	hock	5).			cardiac or reapi	ratory arr	est,	Approximeta interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. In testinal obstruction DUE TO (OR AS A CONSEQUENCE OF):											
ERTIF	CAUSE (Disease or injury that initiated events resulting in deeth) LAST											
MEDICAL	PART II. Other algorificent conditions contributing to death but not coronary artery desacrated fibrillation	1 24s. WAS AN PERFOR	MEO?	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
AN	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF OEA	ATH /Check o	nly one)						
SIC	EXAMINER? 1 YES 2 XNO HOSPITAL: 1 XInpetient 2 ER/Outpatient:	3 🗆 DOA	OTHER:									
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c. INJ	URY AT	280	I. DESCRIBE HOW II	NJURY OC	CURED				
D BY	2 Accident investigation 3 Suicide 6 Could not be determined determined		M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETE	29a. CERTIFIER (Check only	eath occum	ed at the time, date	and place, a	and due to th	ne cause(a) and men	ner as stat	ed.				
NO	one) 2 MEDICAL EXAMINER: On the beels of examinetion end/or								and menner as stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIER P. J. J. T. P. C. C. C. C. C. C. C. C. C. C. C. C. C.	1 11			SE NUMBER		(Month, Day, Year)					
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE		, Print)	Roll	3485	e MD		5/15	143			
	Suite 22, 2435 W Belvedon 31. DATE FILEO (Morith Day, Year) 232, REGISTRAR'S SIGNATURE	e 1	tue .	Dan	Ima	e MD	2	2/24.	5			
	31. DATE FILEO (Month Day, Year) MAR 19 1993	die De	vidor-Ran	وطالله								



	1 - STATE REGISTRAR	STATE OF MARYLAI		MENT OF H		ENTAL HYGIEN REG. NO.		37170						
	1. DECEDENT'S NAME (First, Middle, Lest)	(WILLIAM L.	STONE)	ONE		2. DATE OF DEATH DA	AY / 3 YEA	3. TIME OF OEATH 3. 17 42 M						
		SEX 6. AGE (In)	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH	8. B	BIRTHPLACE (State or Foreign Country) USSIA						
OR	9a. FACILITY NAME (If not institution, give street BALTIMORE COUNTY			96. CITY, TOWN O	OR LOCATION OF DEA	ТН	9c. COUNTY C	DF DEATH TIMORE						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNTY B	ALTIMORE	10c. CITY,	TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	100. STREET AND NUMBER 8226 SCOTTS LEVE	L RD.		101	. ZIP CODE 21208	3		OF WHAT COUNTRY?						
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN IT FORCES? XXX ES IF YES, GIVE WAR OR DATE	S. ARMED NO ES WWII	13. WAS DEC	ENDENT OF HISPANIC ecity Cuben, Maxican, 2 2 4 NO Specify:	ORIGIN? (Specify Year Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: WHITE						
LETED				ork done during mo retired.)	ON st of working	166. KIND OF BUS								
COMPLET	10 17. FATHER'S NAME (First, Middle, Last) NATHAN	STVATE	OWNE	K	18. MOTHER'S NAMI	BAKE	Surneme)							
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS。 LYDIA STONE	BIONE	19b. MAILING	ADDRESS (Street a	nd Number or Rural Ro	ute Number, City or Town	n, State, Zip Code	1208						
		20s. METHOD OF DISPOSITION 1united 2												
	21. SIGNATURE OF FUNERAL SERVICE LICENS			SOL LI	IGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. / INC.									
					/"エハエ"""ハエ/	DAATA TOTO DE	7010 - 111							
	23. PART I. Enter the diseases, or com- shock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition reculting in death)	plications that caused it	n line.	ot enter the mo				Approximate Interval Between Onset and Death						
ERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition	Control one cause on each	ONSEQUENCE OF)	MUY PY				Approximate interval Between						
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF) ONSEQUENCE OF)	MUY	de of dying, such	Dis	AUTOPSY MED?	Approximate interval Between						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause of the cause cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF)	t enter the mo	de of dying, such	Disserti.	AUTOPSY MED?	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINGINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the conditions of the cause. Examiner? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10 10 10 10 10 10 10 1	DUE TO (OR AS A CO	ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) not resulting in	t enter the mo	g ceuse given in Pa	art I. 24a. WAS AN PERFOR	AUTOPSY MED?	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions or cause. Examiners 1 Yes 2 NO Notice Not	DUE TO (OR AS A CO DUE TO (OR AS A CO OUE TO (OR AS A CO OUT TO (OR AS A CO OUT TO (OR AS A CO OUT TO (OR AS A CO OUT TO (OR AS A CO OUT TO (OR AS A CO OUT TO (OR AS A CO OUT TO (OR AS A CO OUT TO (OR AS A CO	ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) At home, farm, st	the underlying the underlying the underlying 28. PL OTHER: 4 Nursing Hom OF WO M 1 1	g ceuse given in Paragraphic Constitution of the Constitution of t	an cardiac or respi	AUTOPSY IMED? NO	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause of the	DUE TO (OR AS A CO DUE TO	ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) At home, farm, str	the underlying the underlying the underlying 28. PL OTHER: 4 Nursing Hom OF 28c. Nu MY MO Treat, factory, office	g ceuse given in Processing ACE OF DEATH (Check BUPY AT I/CES 2 NO	Bart I. 24a. WAS AN PERFOR 1 YES 2 K only one) Other (Specify) Red. DESCRIBE HOW IR City or Town, State)	AUTOPSY MED? NO NURY OCCURE	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause of the	DUE TO (OR AS A CO DUE TO	ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) At home, farm, str	the underlying the underlying the underlying 28. PL OTHER: 4 Nursing Hom OF 28c. Nu MY MO Treat, factory, office	g ceuse given in Processing ACE OF DEATH (Check BUPY AT I/CES 2 NO	art I. 24a. WAS AN PERFOR 1 YES 2 K only one) Other (Specify) Red. DESCRIBE HOW IR City or Town, State)	AUTOPSY MED? NJURY OCCURE!	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY PINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the conditions of th	DUE TO (OR AS A CO OUE TO (OR AS A CO DUE TO	ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) ONSEQUENCE OF) At home, farm, str. See, death occurred and/or investigation	t enter the mo	g ceuse given in Processing Company at the state of the s	art I. 24a. WAS AN PERFOR 1 YES 2 K only one) Other (Specify) Red. DESCRIBE HOW IR City or Town, State)	AUTOPSY MED? NJURY OCCURE!	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						

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MAR 1 9 1993

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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OHMH-16 Rav 1/89

BALTIMORE, MARYLAND 21215

De mede within f.2 hours are death with the State begin or health and Medical Applies port formation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21213-802-
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	REGISTRAR			CI	ERTIF	ICATE	E OF	DEATH		REG. NO					
	1. DECEDENT'S NAME (First, Mic	ddle, Last)	CHT							OATE OF DEATH OAY YEAR O3 18 93			3. TIME OF OEATH		
100	JAMES 4. SOCIAL SECURITY NUMBER		s. SEX	6. AGE (In yrs. las		SHIELDS IF UNDER 1 YEAR IF UNDER 24 HRS.			03	03 18 7. DATE OF SHITTH			4,:30 AM	_	
3	216-24-1417		1 M 2 □ F	81	YRS.	MONTHS	DAY8	HOURS MIN.	127	DATE OF BIRTH (Month, Day, Year) 12/20/11 E			ATHPLACE (State or Foreign untry) ngland		
	9a. FACILITY NAME (If not institu	ition, give stree	et and number)			9b. CITY	, TOWN	OR LOCATION OF E			9c. COUN	TY OF DEA			
DIRECTOR	NORTH ARUNI	JENT	SPITAL .	ASSOCIAT	ΓΙΟΝ		GLEN	BURNIE				Α.Α.	COUNTY		
DIRE	Md.	Balt	timore Cate			y, town o							Od. INSIDE CITY		
	10e. STREET AND NUMBER						10	I. ZIP CODE			1 ☐ YES 2 ♣ NO				
FUNERAL	16 Briarwood	d Road	l .					21228			Ū				
	11. MARITAL STATUS 1 Never Married 2 Mar	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR	MED NO		If yea, sp	CENDENT OF HISP/	an, Puerlo Ri	(Specify Yes	or No-	Black, \	- American Indian, White, etc.			
) BY	3 Widowed 4 Divorced	4	11 160, 0112 11	AN ON DATES			I 🗌 YES	2 NO Spec	ny:			Specify:	white		
COMPLETED	(Specify only high			(G	CEDENT'S	vork done i	CCUPATIO	ON ost of working	16b.	KIND OF BU	SINESS/INDU	JSTRY		_	
PLE	Elementary/Secondary (0-12)	'	College (1-4 or 5 +)	Do NOT us		(ech:	anic							
OM	17. FATHER'S NAME (First, Middle	e, Lest)						18. MOTHER'S N	AME (First, Mi	ddle, Maiden	Sumame)				
BE C	John Shie	elds						Lilian							
2	19a. INFORMANT'S NAME (Type/							and Number or Rural							
	Robert Shield				_		_	Road, C	atons	_		212			
	20a. METHOD OF DISPOSITION 1 Burlel: 2 Cremetlod 4 Donation 5 Other/(Spi	3 Remove	of from State	20b. PLACE / cemetery, cre	matory or of	her plece)			3/1			- City or Town, State			
	21. SIGNATURE OF ELIMENAL SERVICE LICENSES) . 22. NAME AND ADDRESS OF FACILITY														
	Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Maryland 21227														
	23. PART I. Enter the disea	sea, or con	npiicationa tha	caused the de	ath. Do n								Approximate		
	IMMEDIATE CAUSE (Final										Interval Between				
	disease or condition resulting in death)	a	KES	PARATO	yry	Fa	IL	ure					Days		
			DUE TO	(OR AS A CONSEC	DUENCE OF	7:		82		20			/		
CERTIFICATION	Sequentially list conditions if any, leading to immediat		DUE TO	OR AS A CONSEC	OUENCE OF	CTJ1	12 1	PUCALON	MRY	175	5458		15425		
EA	cause. Enter UNDERLYING CAUSE (Disease or injury		TOBA	cco 6	158										
TIF	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST														
E I		d													
	PART II. Other significant of	Com		2	eaulting i	n the un	deriying	g cauae given in	Part i.	24s. WAS AN	ERE AUTOPSY FINDIN	IGS			
EDICAL	TTM24 FF3PRICATION CO									OMPLETION OF CAUS F DEATH?	E				
₹	CONGESTAL HEAT TOFINE										YES 2 NO				
AN	25. WAS CASE REFERRED TO ME	FU H	152 F1	317-8N	5 >	2011									
PHYSICIAN:	EXAMINER? 1 YES 2 PO		OSPITAL:	ER/Outpatient 3	26. PLACE OF DEATH (Check on OTHER: 3 □ DOA 4 □ Nursing Home 5 □ Residence 6 □ 0										
ž	27. MANNER OF OEATH		28a. OATE OF (Month, De	INJURY	26b. TIMI		28c. INJ	URY AT			NJURY OCCL	OCCURED			
BY	1 Natural 5 Pend 2 Accident	ding stigation	(WOND), DO	·y, rown	183	M		RK? (ES 2 NO							
유	2 Accroent 3 Suicide 8 Could not be 4 Homicide determined					traat, facto	ory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
9	29a. CERTIFIER 1 CERTIFY	NG PHYSICIA	N: To the heat of	my knowledge, de	ath accurre	d =0 4b = 41		and place, and du						_	
COMPLET													nd manner as stated	ſ,	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER							29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year					
0	\bigcirc		رمت					0199	91		13	115	153		
	DAVID ROSE, M. D./200 HOSPTIAL DRIVE #500/GLEN BURNIE, MD. 21061														
	DAVID ROSE, 31. DATE FILED (Morith, Day, Year)				NKTA	L #3	UU/(FLEN BUK	NTE,	יייים.	21061				
	31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE														

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FOR STATE REGISTRAR

4. SOCIAL SECURITY NUI

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e	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT										ГН			
DIRECTOR	University of MD Hospital Baltimore City													
1 1 1	10a. STATE 10b. COUNT			100	Y, TO	WN OR LOCA							d. INSIDE	?
1	Maryland Pr	<u>ince Geo</u>	rge	s				rwyn	Hei	ghts	_		YES :	2 X NO
FUNERAL	C-2 7 1 1 2 7 1 1 2 7 1 2 7 2 7 2 7 2 7 2					10	H. ZIP COD	€ _2074	. 0		10g. CITIZ	EN OF WHA	T COUNTI	RY?
18	8900 57th Ave	12, WAS DECEDENT	T EVER IN	U.S. ARMED	1	13. WAS DE	CENDENT (OF HISPANIC		pecify Yes	or No-	USA 14. RACE —	American	Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1				If yes, s	pecify Cubi	n, Mexican, P Specify:				Black, W	Vhite, etc.	
EO B	15. DECEDENT'S EDI	Post WII		16a. DECEDENT'S								W	Vhit	е
ᇤ	(Specify only highest grad Elementary/Secondary (0-12)				work d	lone during m		ng	16b. KIR	ID OF BUS	SINESS/INDO	JSTRY		
COMPL	12th	oninge (1-4 or 5 y	' l	Prope	rt	y Mai	nage	r		Simn	ns Pr	oper	tie	S
S	17. FATHER'S NAME (First, Middle, Last)							HER'S NAME	_			-		
BE	William	Fell		_				_	Ze11		Moye			
2	19a. INFORMANT'S NAME (Type/Print)							r or Rural Rout					TTA	00016
	Vivian E. Giv	ens	005	1812 PLACE AND DATE				e Rd.				ch,		22046
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	ceme M o	tro Cr	ther pl	ace)	ameoi v Tn	c 3	DATE /10			nore,		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE Man				22. NAME A	NO ADDRE	SS OF FACILI	TY					
	George E					Crema	atio Ered	n Soc	clet	y ol ad	. Md Balt	, 1r	MD	21228
George E. MacNabb 299 Frederick Road Balt 23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arresponds, or heart failure. List only one cause on each line.												oximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Audas	(OR AS A	CONSEQUENCE	yt.	ido	ligi	DOM	COV	ve-			Onset	and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. Due to (or as a consequence of): c. Due to (or as a consequence of):													
	PART II. Other significant condition	dns contributing to	death bu	t not resulting	in the	e underiyin	ig cause	given in Par	t I. 24	. WAS AN	ALITOPSY	24b. W	FRE ALITOP	SY FINDINGS
MEDICAL							i sa sa			PERFOR		AM CC OF	AILABLE PI	RIOR TO
									-			1 "		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			OT	26. P	LACE OF D	EATH (Check	only one)					
PHYS	1 YES 2 NO 27. MANNER OF DEATH	Impatient 2 28a. DATE OF			4 🗆	Nursing Hor		sidence 6						
	Natural 5 Pending Investigation	(Month, Da	ty, Year)		JURY	M 1 🗆	JURY AT ORK? YES 2		d. DESCRI	BE HOW II	NJURY OCC	URED		
ETED	3 Suicide 6 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, offics building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, offics City or Town, State)													
COMPL	(Check only one) 2 MEDICAL EXAMIN												nd manner	as stated.
H	SIGNATURE AND TITLE OF CERTIFIE	n n					AUU	ENSE NUMBER	T MJ	1473	29d. DATE	SIGNED (MC	onth, Day,	38
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	E OF DEAT	TH (ITEM 27) (1970	Print)	ba	It	Mix -	-12	CAT	870	anuv	100	long
	31. DATE FILES / 1993	A A CESSION	S SIGN	Tab.	7				4()		011	71	7	2011

Simms Robert

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Simms

Joe

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

93 07450

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Nebraska

2. DATE OF DEATH 3 / 1 7

7. DATE OF BIRTH

Something of the second

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	TEN	OR:	ffer	00
	A AT	RECT.	Irs a	E 2
	L DF	10	200	He
	PITA	RAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	5
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A R War Mil do Bras 31. DATE FILED (Month, Day, Your) MAR 19 1993

32. REGISTRAR'S SIGNATURE

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						93	07451
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	TMENT OF HEALTH AN ICATE OF DEATH	ND MENTAL HYGIE REG. NO	NE	0 / 10 .
	1. DECEDENT'S NAME (First, Middle, Last) BLANNHE	a smin	144		2. DATE OF DEATH MONTH	DAY GZ YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 H	HRS. 7. DATE OF BIRTH	12	021074 M
	212-40-5806 Se FACILITY NAME (N not institution, give st	1 M 2 M	80 YRS.	MONTHS DAYS HOURS M	ARN. (Month, Day, Year)	1912 °	nd.
DIRECTOR	BALTIMORE GUNT	Ban Hosy	PITAL	RENDAMISTO		BALT	MOTES
		Carroll		Sykesville			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6507 Church S	Street		10f. ZIP CODE 2 1 7	784	10g. CITIZEN	OF WHAT COUNTRY?
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF H	ISPANIC ORIGIN? (Specify Yollow)	es or No — 14. F	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 ☐ YES 2 NO S	Specify:	-a	Specify Constitution of the Constitution of th
TEC	15. DECEDENT'S EDUC (Specify only highest grade of	completed)		USUAL OCCUPATION rork done during most of working	16b. KIND OF BI	USINESS/INDUSTR	RY
COMPLETED	Elementary/Secondary (0-12) H.S.	College (1-4 or 5+)		n Manager	 	- 1	
NO	17. FATHER'S NAME (First, Middle, Last)		Cante		Hospit		
BE C	Emory Barnes	s			Goldie Hug		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or F	Rural Route Number, City or To	wn, State, Zip Code	o)
-	Kenneth Smith		6507	Church St.	Sykesyi I I	e MD	
	20s. METHOD OF DISPOSITION 1 (Care Companies of Companies		b. PLACE AND DATE Of	F DISPOSITION (Name of her place)		OCATION — City of	
	4 Donation 5 Other (Specify)	V		Freedom Ceme		Syke	esville, Md.
	+ Harry 41).	Horist		22. NAME AND ADDRESS O	Haight Fu	71110	
	23. PART I. Enter the diseases, or co	complications that caused List only one cause on e	d the death. Do no	ot anter the mode of dying,	such as cerdiac or real	piratory arrest,	Approximete
1	IMMEDIATE CAUSE (Final	At only the cause on s	ach line.				interval Between Onset and Death
Ì	disease or condition resulting in death)	HOU TE VI	immons	my Entino	7		
		DUE TO (OR AS A	CONSEQUENCE OF)	Nan sta			
0	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	Minmin			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	(minner	IN AN	AFRY MIE	かくこ		
Ĭ.	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	F	1) 36		
ERT	resulting in death) LAST	1					
	PART II. Other algnificant conditions	contributing to death b	eut not reaulting ir	the underlying cause give	m In Dani I 24a MMC A:	· · · · · · · · · · · · · · · · · · ·	
PHYSICIAN: MEDICAL	Acure REMAI	Communit	at hot recaring	. the underlying cause give	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
E		- 1 - 1 - 1 - 1			1 🗆 YES	2 M NO	OF DEATH?
÷							1 TES 2 NO
ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only one)		
Sic		HOSPITAL: 1. ☐ Inpetient 2 ☐ ER/Outp		OTHER: 4 \(\text{Nursing Home} \) 5 \(\text{Residential} \)	nce 8 Other (Specify)		
	27. MANNER OF DEATH 1. Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D
B	2 Accident Investigation			M 1 YES 2 NO			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, ati	eet, factory, office	281. LOCATION (Street City or Town, State	end Number or Ru	ral Route Number,
2	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know!	ledge, death occurred	d at the time, date end place, end	due to the cause(a) end me	enner as stated.	
OM	one) 2 MEDICAL EXAMINER	: On the beals of examination	n end/or investigation	, in my opinion, death occured at	t the time, date and place, a	nd dua to the ceu	se(a) end menner ee stated.
	296. SGNATURE AND TITLE OF CERTIFIER			29c. LICENSE			NED (Month, Day, Year)
TO BE	KNULLEN HOUSE	STAFF		200	390	D 3/17	4/42
۴	30. NAME AND ADDRESS OF PERSON WHO				0 1.		212
	I I MALPI BANGOLD FOR	ALM Course	- 1 HOCO	5901010/A/A.	10 - V - 1/16m	10.0 m /	10.17/121

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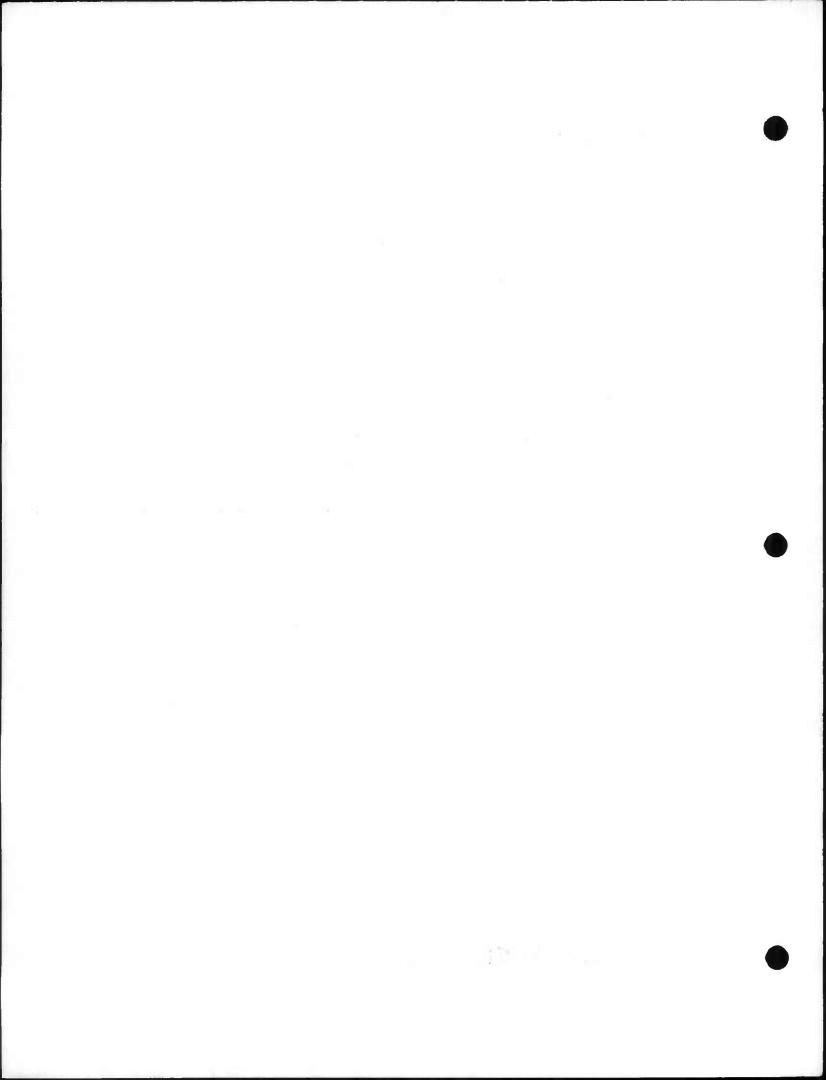
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
	MYRTLE E. TH					3-11-9:		M
	214-04-4993	1 - M 2 - X F	(In yrs. last birthday) 35 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-16-0	Cou	RTNPLACE (State or Foreign intry) MD
CTOR	98. FACILITY NAME (If not institution, give Mercy Hospita			Baltin	OR LOCATION OF D	DEATH	9c. COUNTY OF	DEATH
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c, CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
L DIRE	M D			altimor	e			1 XYES 2 NO
FUNERAL	1117 Greenmoun	t. Ave.			21202		USA	F WHAT COUNTRY?
S	11. MARITAL STATUS	12 WAS DECEDENT SYED II	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Specify Yes		ACE — American Indian, ack, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES NO		ecify Cuban, Maxic 2XXNO Spec	can, Puerto Rican, etc.)		eck, White, atc. ecity: Black
	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(Give kind of v	USUAL OCCUPATION	ON ist of working	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT us	e retired.)				
NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Maiden	Sumame)	
ш	Clarence Watk	ins			Lina	Keys		
10 B	19a. INFORMANT'S NAME (Type/Print)	•				Route Number, City or Tow		
	Shirley Danie					/Baltimor		
	1 D Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		PLACE AND DATE OF PROPERTY OF OF THE PROPERTY				CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LI				D ADDRESS OF F		oucus,	TID
10.	Simite	to Kith	mas	WM C.	MARCH	F H /110)1 F N	IORTH AVE.
	23. PART I. Enter the diseases, or	complications that caused List only one cause on a	the death. Do n	ot anter tha mo	da of dying, su	ch aa cardiac or raapi	Iratory arreat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO 10TH AS A	True /	Heart	fails	2		Intarval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF	Ferna	erial .	Failipe.		lyer
MEDICAL	PART II. Other significant condition	ns contributing to death b	ut not resulting i	n the undarlying	g cause given in	Part I. 24e. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATN (C)	heck only one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 SER/Outp	eatient 3 🗆 DOA	OTHER:		8 Other (Specify)		
У РНУ	27. MANNER OF DEATH T Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJ		28d. DESCRIBE NOW II	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,
PLET	29e. CERTIFIER (Check only 1 CERTIFYING PNYS	ICIAN: To the best of my knowl	ledge, death occurre	d at the time, date	and place, and due	e to the cause(a) and man	iner as stated.	
COMPL		ER: On the baels of examination						e(e) end manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIE	A (1.10)			29c. LICENSE NU	MBER	29d. DATE SIGNI	ED (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WITH	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (3-	Print)	D-30	0471	3/1	5/93
	ALAN WASKO	N. 720	Russ	and bu	erre.	Burrowa	e. P.	2(20)
	MAR 1 9 1993	32. REGISTRAR'S SIGN	ande 12			*		



OHMH-16 Rev 1/89

permit Pages 1, 2, 3 should

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO			
		TENNE		MARY T	ENNER)	2. DATE OF DEATH MONTH 3	14 9	3. TI	IME OF DEATH 08 20 A. M
	217-32-9012	1 □ M 2 🔀 F 95	(In yrs. lest birthday) O YRS.	MONTHS DAYS		7. DATE OF BIRTH	0,1897 ⁸	RTHPLAC	E (State or Foreign TRIA
90. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE BALTIMORE						EATH	9c. COUNTY C	IMOR	
일	10e. STATE 10b. COUNTY		10c. CIT	, TOWN OR LO	CATION			104	INSIDE CITY
L DIR	MARYLAND BALT		BALTIMORE				1 🗆	LIMITS? YES 2 X NO	
FUNERAL	2 AMLEHT CT, APT.		101. ZIP CODE 109. CI					COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D.	2 (Z)NO	It yes,	ECENDENT OF HISPAI specify Cuben, Mexica ES 2 NO Specif			RACE — Ai Black, While Specify:	mericen Indian, ite, etc.
	15. OECEDENT'S EDUCA (Specify only highest grade of		16a. DECEOENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUSTR	łY.	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT us	e retired.)	and or working				
DMC	2. 17. FATHER'S NAME (First, Middle, Last)		L HOU	JSEWIFE	10 MOTHER'S NA	ME (First, Middle, Maiden	HOME		
	ISAAC AARON FET	r				Y GOLDMAN	Sumeme)		
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zip Code	e)	
2	MISS LIBBY TENNER		2	AMLEHT	CT, APT.	T-1 BALTIM	ORE, MD	212	15
	20a, METHOD OF OISPOSITION 1 Suriel 2 Cremetton 3 Remov 4 Donation 5 Other (Specify)	al from State Cen	PLACE AND DATE Of the left, crematory or of CLIDAS ACH	her place)		OATE 20c. LO	CATION — CITY O	100	
	21. SIGNATURE OF FUNERAL SERVICE LICES				AND ADDRESS OF FA				
-	Lug (May	Leura		601	O REISTER	STOWN RD.	BALTO.,	MD 2	1215
	21. PARY I Enter the disease, or co- ahock, or heart failure. M IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	Respir	atury	Fa	ilure	h aa cardiac or reap	iretory arrest,		Approximate Interval Between Onset and Deeth
NC	Sequentially list conditions,b.	Pulmo	CONSEQUENCE OF	ede	ma				
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Coruna	CONSEQUENCE OF	rtery	Dise	ruse			
CERTIFICATION	that initieted eventa resulting in death) LAST	Diabe	CONSEQUENCE OF	Mell	itus				
	PART II. Other aignificant conditions	contributing to deeth b	ut not resulting I	n the underly	ing cause given in			24b. WERF	E AUTOPSY FINDINGS
DICAL						PERFOR		COME	ABLE PRIOR TO PLETION OF CAUSE
ME									EATH? YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN: ME	EXAMINER?	HOSPITAL:	estient 3 🗆 DOA	OTHER:	PLACE OF OEATN (Ch				
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	NJURY AT WORK?	28d. DESCRIBE NOW I	NJURY OCCURE	D D	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a		YES 2 NO	281. LOCATION (Street of City or Town, Stete)	and Number or Ru	iral Route I	Number,
	4 Homicide determined					Oily or lown, stelle)			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowl On the beele of examination						se(e) end	menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	()	1 1 0		29c. LICENSE NUI	ABER C	29d. OATE SIGI	NEO (Mont	h, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	7 (ITEM 27) (Type.	Print)	1 4	5081	3	-14	43
	Sedani K.H.M	D. Bultir	nore	Count	1 Gener	ul Hosp	ital.		
	31. DATE FILEO (Month, Day, Year) MAR 1 9 1993	32. REGISTRAR'S SIGN.	Randell						
	1994								OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	D.		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN	FRANKLIN	THOM	PSON		MARLE	199 9	3. TIME OF DEATH 3:00 A	
	4. SOCIAL SECURITY NUMBER 217–18–2214	1 🖾 M 2 🗌 F	(In yrs. last birthday) . 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)/ JAN. 17,	909 a. BIRTHPLACE (State or Foreign Country) MARYLAND		
DIRECTOR	24.2 TELEVISION OF DEATH						F DEATH		
S	10e. STATE 10b. COUNT	10c. CIT	Y, TOWN OR LOCA	TION			and moins over		
	MARYLAND MONTG		THERSBU				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 213 WASHINGTON G	ROVE LANE		1	OI. ZIP CODE 20877		1	SA	
8≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. TREMED 2 THO DATES	U.S. KRMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify of type, specify Cuban, Mexican, Puerlo Rican, etc.)						
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	16a. DECEDENT'S (Give kind of vite. Do NOT us BUS DI	work done during m se retired.)			USINESS/INDUSTR	Υ	
≅	17. FATHER'S NAME (First, Middle, Last)	0	Des Di	CT 4 1310	16. MOTHER'S NA	ME (First, Middle, Maide	PRANSIT		
BE	ALBERT THOMPS	ON				IE WATKINS			
2	190. INFORMANT'S NAME (Type/Print) GLADYS M. THOMP	SON	19b. MAILING SAME	AS 10 €	end Number or Rural I	Route Number, City or To	vn, State, Zip Code)		
	20a. METHOD OF DISPOSITION 1	novel from State	b. PLACE AND DATE Of the metery, cremetory or of METROPOL	OF DISPOSITION (A			OCATION — City or	, VIRGINIA	
	21. SIGNATURE OF FUNERAL SERVICE L		des /	22. NAME A	EL H. BA		RAL HOME	20882	
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in daath) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	A CONSEQUENCE OF	CANC PIVER	ER W	ITH MET		Approximata Interval Between Onset and Death	
: MEDICAL	PART II. Other aignificant condition	ns contributing to death (but not resulting i	n the underlyin	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			20 0	ACE OF PEATU AND	ok ask ass'			
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che				
	27. MANNER-OF DEATH	1 Inputient 2 ER/Out 28a. OATE OF INJURY	patient 3 L DOA 28b. TiMi		JURY AT	8 Other (Specify) 28d. OEŞCRIBE HOW	M HIM CONTRA		
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	YES 2 ND	ZOU. OESCHIBE HOW	INJUNY OCCURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, a cify)	treet, tectory, offic	•	28t. LOCATION (Street City or Town, State		nl Route Number,	
COMPLEIED		ICIAN: To the best of my know							
3			III GIRLOT LIVERLIGATION	n, in my opinion, i	seath occured at the	time, date and place, a	nd dus to the ceus	e(e) end manner es stated.	
	SIGNATURE AND TITLE OF CERTIFIE	-, M.D.			29c LICENSE NUM			ED (Month, Day, Year)	
4	JOEL KALMA	D COMPLETED CAUSE OF DE		Print) BLV	N. Ra	KULLE	UA.	20152	
	31. PATE ELED (Mg). 1993	Julia Charles done sel	Alun	2 -0	11-00	1 CVI CUE		- 001 2	

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y the attending physician and completely filled in by the funeral director, page 5 should be deturn	he State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	no those 90 above bear fallen as ashed become all a second the model of a second to the second to th
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	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF						HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			W	ERNO)M			2. DATE OF	DEATH 15	w Q*		TIME OF DEATH :40 PM
1	JAMES E 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le			ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			CE (State or Foreign
	478-03-3758	1 📉 M 2 🗆 F	82	YRS.	MONTHS	7	HOURS	MPN,	(Month, E	lay, Year)		Country)	or Island or Foreign
- 7	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE		3,13	9c. COUNT	Y OF DEATH	
0 H	NORTH ARUNDEL HO	SPITAL AS	SSOCIATI	ON	<u>(</u>	GLEN	BURN	IE			<u>A</u>	.A. C	OUNTY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION					100	I. INSIDE CITY
	MARYLAND			1	BALT	IMOR	E						LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER			.1		10	f. ZIP CODE					N OF WHAT	COUNTRY?
NE I	4411 PARKTON STR						21229				υ.	.S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AF [X YES 2] WAR OR DATES WW 11		13	If yes, sp		n, Mexicar	IIC ORIGIN? (n, Puerto Rici		or No— 14	Black, WI Specify:W	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11TH GRADE	CATION completed) College (1-4 or 5	+) (G	CEDENT'S live kind of vi Do NOT us IEAT	work done se retired.	during mo	ON ost of workin	g	16b. Ki	ND OF BUS	INESS/INDUS	STRY	
SO	17. FATHER'S NAME (First, Middle, Last)						18, MOTH	IER'S NAM	ME (First, Mide	dle, Maiden S	Surname)		
BE (JAMES E. VERNON,	SR.						A LO					
5	194, INFORMANT'S NAME (Type/Print) JEAN A. VERNON		19	6. MAILING 4411	PARK	SS (Street &	STRE	er Aurel R	BALTI	More,	ND Zip Ca	21229	
	20a. METHOD OF DISPOSITION 1 TBurlel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		20b. PLACE cemetery, cre LOUDON		K MA	Lusoi	LEUM		3/18	BA	LTIMO		
	21. SIGNAPURE OF FUNERAL SERVICE LIC	_ HM	who						AL HO			ORE,	MD. 2122
	23. PART I. Enter the diseases, progahock, pr heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO	OR AS A CONSE	QUENCE OF	ر ر 1:	~		دع	_	or reapli	ratory arree	ot,	Approximate Interval Between Onset and Deat
ERTIFICATION	Sequentielly list conditiona, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE DI	·):	. 2.5							
AN: MEDICAL CI	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FI AMILIABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION.						ILABLE PRIOR TO IPLETION OF CAUSE DEATH?						
100	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			OTHE	R:			ock only one)				
PHYSICIAN:	1 VES 2 NO	28a. DATE OF (Month, D	INJURY	28b. TIM	E OF URY	28c. INJ WO	URY AT		8 Other (S 28d. DESCR		JURY OCCU	RED	
тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	ome, farm, s	M street, tac		YES 2	NO	28t. LOCATION OF THE City or T	ON (Street al fown, State)	nd Number or	Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFIED PHYSIC CHOCK ONLY ONE) 2 MEDICAL EXAMINED	CIAN: To the beat of R: On the basis of a:	my knowledge, de xamination and/or	ath occurre	ed at the	time, date	and place, leath occun	and dua t	to the cause(a) and man	ner as stated.	cause(a) and	l menner ea stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	em	200				29c. LICE	NSE NUM	BER 7	,	29d. DATE S	SIGNED (Mor	oth, Day, Year)
Jee	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	OF DEATH OF	M 07 (T	Out-of								

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
DPNICK, M.D./95 AQUAHART

- we was idoon- Panglesse

32. REGISTRAR'S SIGNATURE

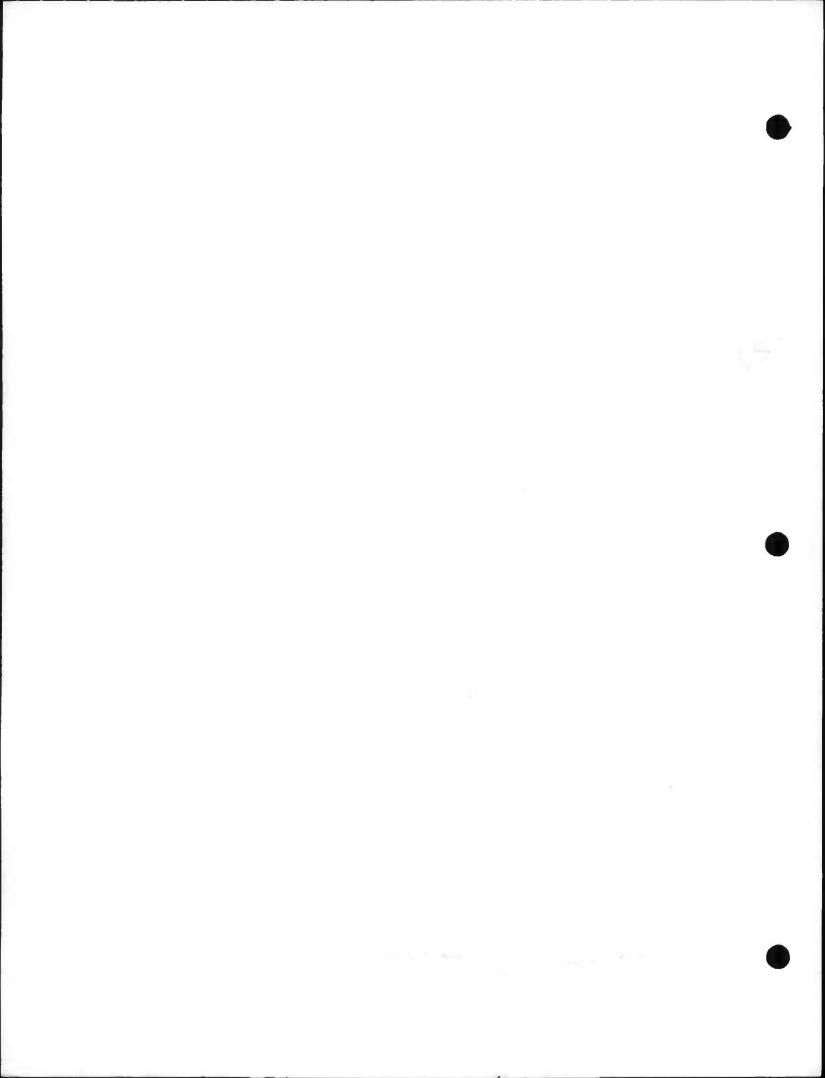
ROBERT B. KROOPNICK,
31. DATE FILED (Month, Day, Ybar)

32. RE

MAR 1 9 1993

10+1

ROAD/GLEN BURNIE, MARYLAND 21061



STATE OF MARYLAND / DEPARTMENT	T OF HEALTH AND MENTAL	HYGIENE
CERTIFICATI	E OF DEATH	REG. NO.

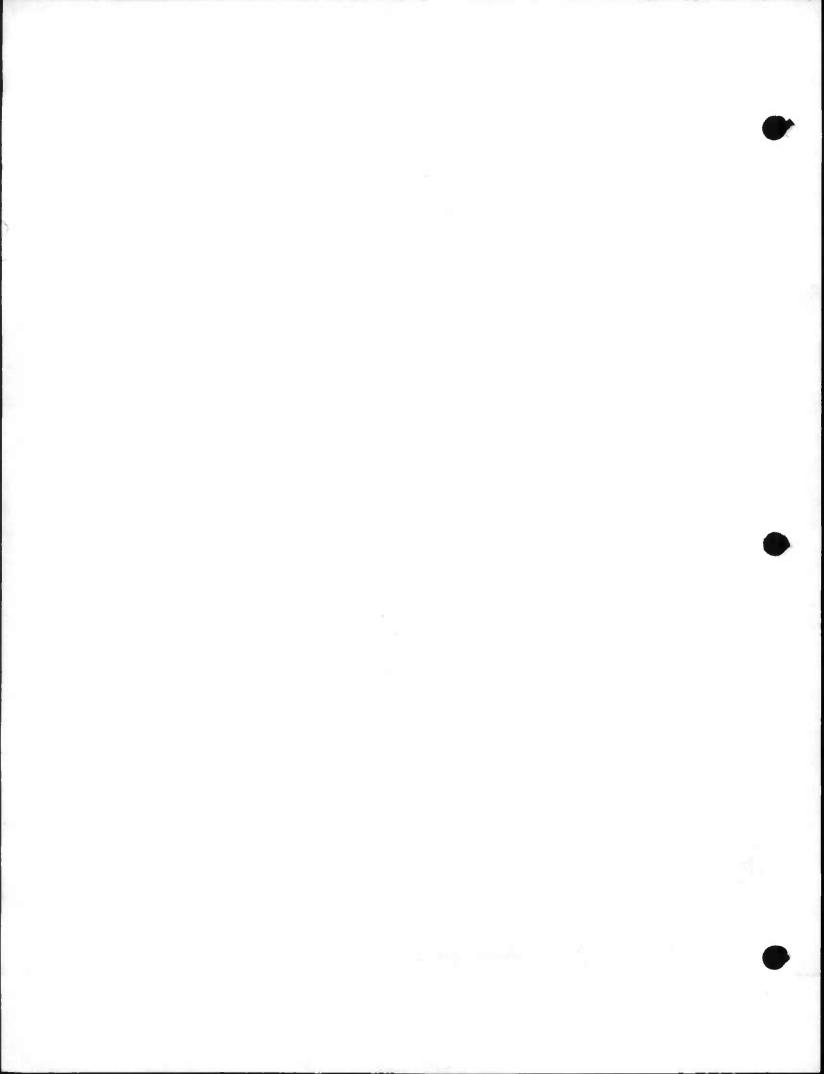
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO		01930
8	1. DECEDENT'S NAME (First, Middle, Las	*	wii	415	1	2. DATE OF DEATH MONTH D		3. TIME OF DEATH
N	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-03-	6.	BIRTHPLACE (State or Foreign Country)
TOR	Se. PACILITY NAME (If not institution, give	street and pumber)		96. CITY, TOWN C	MOTE		9c, COUNTY	OF DEATH
DIRECTOR	10a. STATE 16a. COUN	ITY	10c. Cf	ry, town on Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
NERAL	100. STREET AND NUMBER 1716 Presbury				21217		10g. CITIZEN	USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe	ENDENT OF HISPAN soffy Cuban, Mexicar 2 X NO Specify		s or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) Collège (1-4 or 5+)	(Give kind of life. Do NOT L	33 172	ON st of working	16b. KIND OF BUS		TRY
COMPL	9 +h 17. FATHER'S NAME (First, Middle, Last)		Home M	aker		NE (First, Middle, Maiden	Surname)	
BE	James Willis 19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	O ADDRESS (Street a		Pittman oute Number, City or Tow	n Stata Zin Coo	rie)
2	Susie Willis					alto. Md		
	20a, METHOD OF DISPOSITION 2 Durini 2 Cremation 3 Re		Ob. PLACE AND DATE	other place)			CATION — City	
	4 Donation 6 Other (Specify)		Mt. West	22. HAME AN	ID ADDRESS OF FAC	Derric	ck C.	Jones F.H.
	23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)	a. ACUT DUE TO (OR AS	E CK	OLECYS	TITIS			Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· SUBS	A CONSEQUENCE O	AB4		, DZY 59,	NDRO	NE
MEDICAL C	PART II. Other algorificant condition ANEM/4	one contributing to deeth			g cause given in I	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	4-11-1 2 [201	OTHER:	ACE OF DEATH (Che			
	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	Y 28b. Til	AE OF 28c. INJI	URY AT RK?	28d. DESCRIBE HOW I	NJURY OCCUR	EO
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	26a PLACE OF INJUI	RY — At home, farm, pecify)	street, factory, office		281. LOCATION (Street a City or Town, State)	and Number or F	Bural Route Number,
COMPLETED		SICIAN: To the best of my known						use(s) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Type	p. Print) Libe	1814 W	edical Eall.	- h	3-15-93 D. 21215
	31. DAY 14.50 (Mpm 90 1993	A REPORT ASSESSED	April 1	00 0760	10/1/10	Boug)	0, -, -/3

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	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF HEALTH AND	MENTAL HYGIEN	ie .	07107		
16	1. DECEDENT'S NAME (First, Middle, Last)	WILSON		2. DATE OF DEATH MONTH	WY YE	1113 . 0		
	4. SOCIAL SECURITY NUMBER 22 4284 190	5. SEX 6. AGE (In yrs. last	birthday) F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day Joan)	0. B	HRTHPLACE (State or Foreign ourstry)		
OR	9a. FACILITY NAME (I' not institution, give st	RITH HOSPITA	96. CITS TOWN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY	,	10c, 20TY, TOWN OF LOCATION			10d. INSIDE CITY HMITS? 1 N YES 2 NO		
FUNERAL C	100. STREET AND NUMBER 101. ZIP CODE 101. ZIP CODE 102. CITIZEN OF WHAT O							
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES 2 NM IF YES, GIVE WAR OR DATES	MED 13. WAS DECENDENT OF HISP 0 13. WAS DECENDENT OF HISP 17 yes, specify Cuban, Mexis 1 YES 2 7 NO Spec	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.		
	15. DECEDENT'S EDU		CEDENT'S USUAL OCCUPATION We kind of work done during most of working	16b. KIND OF BU	SINESS/INDUST	BIACK		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	DO NOT USE PERPOSE, PLACE PL					
BE CO	17. FATHER'S, NAME (First, Middle, Last)	BAILEY	18. MOTHER'S N	AME (First, Middle, Maider	Surname)			
10	190. INFORMANT'S NAME (Type/Print)	J 190.	MAILING ADDRESS (Street and Municipal of Punish Aug	Moute Number, City or To	n, State, Zip Code	1218		
	METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	oval from State	ND DATE OF DISPOSITION (Name of party) or other playe)	3/1/ 20c/	CATION — City (or Town, State		
	I MONTH OF FUNERAL SERVICE LIC	ENSEE QQ	22. NAME AND ADDRESS OF I	ed Kopii	17911	W 10 = ==		
	23. PART I. Enter the diseases, or o	complications that caused the dea	ith. Do not enter the mode of dying, su	ch as cardiac or resp	iratory arrest,	Approximate		
	IMMEDIATE CAUSE (Fine)	List only one couse on each mie.						
	disease or condition resulting in death)	a. Metas tau	FW Breest Care	morro		interval Between Onset and Death		
TION	resulting in death)		UENCE OF):	more				
RTIFICATION	resulting in death) Sequentially list conditions,	DUE TO (OR AS A CONSEOL	UENCE OF):	noro				
L CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON	UENCE OF): UENCE OF):		Autopaev	Onset and Death		
뜅	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON	UENCE OF):		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON	UENCE OF): UENCE OF):	n Part I. 24a. WAS A	RMED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON C. DUE TO (OR AS A CONSEON DUE TO (OR AS A C	UENCE OF): UENCE OF): UENCE OF): UENCE OF): 28. PLACE OF DEATH (C	n Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERENCE TO MEDICAL	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON C. DUE TO (OR AS A CONSEON DUE TO (OR AS A C	UENCE OF): UENCE OF): UENCE OF): 28. PLACE OF DEATH (CONTENT OF CONTENT OF	n Part I. 24a. WAS AFPERPO 1 YES:	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON C. DUE TO (OR AS A CONSEON DUE TO (OR AS A C	UENCE OF): UENCE OF): UENCE OF): UENCE OF): 28. PLACE OF DEATH (C	n Part I. 24a. WAS AFPERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON C. DUE TO (OR AS A CONSEON DUE TO (OR AS A C	UENCE OF): UENCE OF): UENCE OF): UENCE OF): 28. PLACE OF DEATH (C. T. T. T. T. T. T. T. T. T. T. T. T. T.	n Part I. 24a. WAS AFPERPO 1 YES:	INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO		
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON C. DUE TO (OR AS A CONSEON DUE TO (OR AS A C	UENCE OF): UENCE OF): UENCE OF): UENCE OF): 28. PLACE OF DEATH (C. T. T. T. T. T. T. T. T. T. T. T. T. T.	n Part I. 24a. WAS AI PERRO 1 YES: Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSE	UENCE OF): UENCE OF): UENCE OF): UENCE OF): 28. PLACE OF DEATH (C. 28c. INJURY AT WORK? I	n Part I. 24a. WAS AI PERFO 1 YES: theck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me to time, dete and place, etc.	INJURY OCCURE and Number or Ri more as stated, and due to the cau	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only only only 2 MEDICAL EXAMINE) 29b. SIGNATUBE AND TITLE OF CERTIFIER	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON C. DUE TO (OR AS A CONSEON DUE TO (OR AS A C	UENCE OF): UENCE OF): UENCE OF): 28. PLACE OF DEATH (CONTINUENT) 28. PLACE OF DEATH (CONTINUENT) 28. PLACE OF DEATH (CONTINUENT) 28. PLACE OF DEATH (CONTINUENT) 28. INJURY MORK? 1 YES 2 NO	n Part I. 24a. WAS AI PERFO 1 YES: Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) end me to the cause(e) end me time, dete and place, et JMBER	INJURY OCCURE and Number or Re and due to the cau 29d. DATE SIG	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D Well Route Number, Wee(e) end menner se stated, NED (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON DUE TO (OR AS A CONSEON C. DUE TO (OR AS A CONSEON DUE TO (OR AS A C	UENCE OF): UENCE OF): UENCE OF): 28. PLACE OF DEATH (C 28. PLACE OF DEATH (C A Nursing Home 5 Residence 280. TIME OF INJURY M 29c. INJURY AT A YES 2 NO ne, farm, street, factory, office where the occurred at the time, data end place, and do not not not not not not not not not no	n Part I. 24a. WAS AI PERFO 1 YES: Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) end me to the cause(e) end me time, dete and place, et JMBER	INJURY OCCURE and Number or Re and due to the cau 29d. DATE SIG	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D D D D D D D D D D D D		



al or the physician.	for use section burni-transit permit. Pages 1, 2, 3 should)
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit		be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

	FOR 1 - STATE REGISTRAR	1 16 14	STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF H	IEALTH	AND I				07	458
	1. DECEDENT'S NAME (First	Middle Leet)	MARDEL	L WEST	CERTIF	ICATE	UF	DEA	Н		REG. NO		_	
	WEST bra	OK,	MARd	e.11						2. DATE OF	P "	17/0	13	7 1 104 M
	249-28-122		5. SEX	8. AGE (In yrs. 7 2 71					24 HRS. MIN.	7. DATE OF BIRTH STATE OF COUNTRY S. C.				
	9a. FACILITY NAME (If not in	stitution, give a	street and number)			9b. CITY,	TOWN (OR LOCATI	ON OF DE	EATH		9c. COUNT	Y OF DEA	ТН
DIRECTOR	BON SECOUL		PITAL		BALTIMORE						_			
H.	10a. STATE	10b. COUNT	Y			Y, TOWN O							1	d. INSIDE CITY
	MD				В	ALTIN	10RE						1	YES 2 NO
FUNERAL	100. STREET AND NUMBER		CTDFFT				10	2122					S.A.	AT COUNTRY?
N.	100 N. BENTALOU STREET			IT EVER IN U.S.	ADMED	49.3	MC DEC			ua aniana a		1.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES SIF YES, GIVE WAR OR DATE WW II					- 1	yes, sp	ecify Cube	n, Mexica Specify	NC ORIGIN? (S in, Puerto Rice y:	specify Yei in, etc.)		Specify:	American Indian, White, etc.
9	15. OEC	EDENT'S EOU y highest grade	CATION COMPOSITE	16a.	DECEDENT'S	USUAL OC	CUPATION	ON		16b. Kil	ND OF BU	SINESS/INDU		AUTON CAN
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)			+)	(Give kind of work done during most of working life. Do NOT use retired.) RETIRED				ВЕ	ETHLE	EHEM S	TEEL		
	17. FATHER'S NAME (First, M							ME (First, Midd		,				
BE			405 MARING	ADDRESS	(04			Route Number,						
2	1906. INFORMANT'S NAME (Type/Frint) BERNELL WESTBROOK									T BALT				
	20a. METHOD OF DISPOSIT 1 X Burlal 2 Crematic	n 3 🗆 Rem	oval from State	cematery.	Crematory or o	ther place)				DATE	20c. LO	CATION — CI	ty or Town	, State
						ISON FOREST CEM 3/23/93 OWINGS MILL 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A.						L MD		
	1. /	0/	17//	1	41					S FUNE				
CERTIFICATION	affock, or heert failure List only one cause on such line.								Approximate Interval Between Onset and Death					
MEDICAL	PART II. Other significa	t resulting	in the un	Gerlyin (M	g cause (piyen in	Cipinty	PERFOR	AUTOPRV MEDY	00	ERE AUTOPSY FINDINGS BILLABLE PRIOR TO SMPLETION OF CAUSE PEATHY YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF D	EATH (Ch	ech only one;				
1S/	1 TYES 2 W NO		1 Deputient 2	ER/Outpatient	3 🗆 DOA	4 D Nurs		e .5 □ Re	reidence	8 🖂 Other (S)	oecity)			
		Pending	28a. DATE OF (Month, D		280, TIM	E OF JURY	4000	URY AT	T mo	28d. DESCRI	BE HOW I	NJURY OCCU	COR	
ED BY	a III musta	Investigation Could not be determined	28e. PLACE 0 building.	of INJURY At etc. (Specify)	home, farm,	street, facto			4.000	28f. LOCATIO City of R	3N (Street i Swrit, State)	and Number or	Runkl Rou	te Mumber;
COMPLET			ICIAN: To the best of a											nd manner as stated.
B	296. SIGNATURE AND TITLE	OF CERTIFIE	n Da	(NK				28t. UCI	CHSE-NON	18 2	1	28d. DATE	SIGNAD M	7/95
2	30. HAME AND ADDRESS OF	FERSON WH	O COMPLETED CAU	SE OF DEATH (TEM 27) (*hpe	, Print)			-1/	07	-		414	(1)
	31. DATE FILED (MARY)	T'9 19	93 32. REGISTRA	AR'S RIGNATURI	n-Aland	ac.								

and the

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BALTIMORE, MARYLAND 21215-0020	In In In wequires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be both of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING TO SICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTURE Completely filled in by the attending physician and completely filled in by the followithin 72 hours, after the part of the filled within 72 hours, after the completely filled in by the filled within 72 hours, after the filled in by the filled within 72 hours, after the filled in by the filled within 72 hours, after the filled in by the	IMPORTANT: If item 28:18 marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	FOR 1 . STATE	STATE OF N	MARYLAND	/ DEPAR	ITMEN	T OF H	EALTH .	AND I	MENTAL	HYGIEN	9 (E	3 (17459		
	REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	Ή		REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH	v	YEAR	3. TIME OF DEATH		
	MILDRED THERE	SA WHITE							3	/2		3	1575 M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is	st birthday)	IF UNDE		IF UNDER :		7. DATE OF			8. BIRTHP	LACE (State or Foreign		
	212-05-1636	1 🗆 M 2 🖵 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	11/13	2 / OS		Mary			
	9a. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY	r, TOWN O	R LOCATIO	N OF DE		5,00		TY OF DE			
DIRECTOR	CHURCH HOSPIT	AL					IORE				Su. 000.				
<u> </u>	10e. STATE 10b. COUNT			10c. CIT	Y. TOWH	OR LOCAT	ION					1	IOd. INSIDE CITY		
	Marral and Dal											- 1	LIMITS?		
	Maryland Bali	timore			T.O.	vson	712 0000					_	I ☐ YES 2XX NO		
FUNERAL						101.	ZIP CODE				10g. CITIZ	ZEN OF WH	IAT COUNTRY?		
뿌	8153 Loch Raven I			21286						U	.S.A	•			
	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED	13.	WAS DECI	ENDENT OF	HISPAN	IC ORIGIN?	Specify Yes	or No	14. RACE -	- American Indian, White, etc.		
B≺	1 Never Married 2 Merried 3 Widowed 4 Divorced		FORCES? 1 YES 2 NO If yes, spec IF YES, GIVE WAR OR DATES 1 YES 2						an, etc.)		Specify				
	X washed + Districted										1	White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	18a, D	ECEDENT'S	USUAL O	CCUPATIO	N et of working	,	16b. K	IND OF BUS	INESS/INDI	USTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5+		e. Do NOT us	d of work done during most of working OT use retired.)										
<u> </u>	9th grade			nerat	or					C&P	70				
ő	9th grade Operator 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (ME (First, Mid							
1 - 1	Peter Jenkins					I			lable						
BE	19e. INFORMANT'S NAME (Type/Print)		46	b MAII INC	ADDRES	B (Ct1				01					
일	The minuted Abbrillass (street and Hallicer or Harar House Number, City or lown, States, Zip Code)														
	James C. Tucker 8153 Loch Raven Blvd. Baltimore, MD 21286 20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of part of the part o														
	1 ☑ Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE cemetery, cr	AND DATE O	OF DISPOS	SITION (Nar	me of		DATE	20c. LO	CATION — C	Ity or Town	n, State		
	4 Donation 5 Other (Specify)		Dular	ev Va	Alle	7 Men	n. Ga	rder	ns 3/2	2b c	ockev	svil	le, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		4	22.	NAME AN	D ADDRES	S OF FAC	CILITY		-12911				
	Charles of	Kopesy	V						ral Ho						
\vdash	23. PART i. Enter the diseases, or shock or heart failure	- Topicy	A Course of the of	anth Da	8	3521	Loch	Ray	ven B	Lvd.	Tows	on,			
	shock, or heart failure.	List only one cau	se on aach lin	aath. Dor e.	ot enter	the mod	de of dyin	ıg, such	n as cerdia	c or respi	ratory erre	est,	Approximata interval Between		
1 1	IMMEDIATE CAUSE (Final														
	disease or condition resulting in death)	a sul	25/4/	ic,	HOR	eno	Ca	1	u pero	ley i	inles	WXX	2xles		
1 [DUE TO	(OR AS A CONSE	OUENCE OF	F):			/		0			81 >		
z															
RTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										1				
181	cause. Enter UNDERLYING														
ΙĔΙ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	F):								-		
Ē	resulting in death) LAST														
핑	d														
1	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
CAL	In Tosti.	neel of	Mud	ron						PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI	Do yea sea	Tia							- 1	YES 2	□ NO		F DEATH?		
151	- Je killer	7,000							— I			1	☐ YES 2 ☐ NO		
		25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check copy copy)													
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL ·	EXAMINER? HOSPITAL: OTHER												
		HOSPITAL:	ER/Outpatient	3 🗆 DOA	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence						esidence 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I	INJURY	28b. TIM	E OF	28c. INJU	JRY AT		28d. DESCR	HBE HOW IN	JURY OCC	URED			
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ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAR 1 9 1993

Jula Davidson - Printer

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratained by the hospital or	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use 🖍 the	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ATT	SECT.	irs af
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SPITA	VERA	hin 7.
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examiner must be notified at once.

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Item 23 shows any Injury, or other traumatic event,

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FUNERAL (

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BALTIMORE, MARYLAND 21216-0020

RECORDS, P.O. BOX 68760,

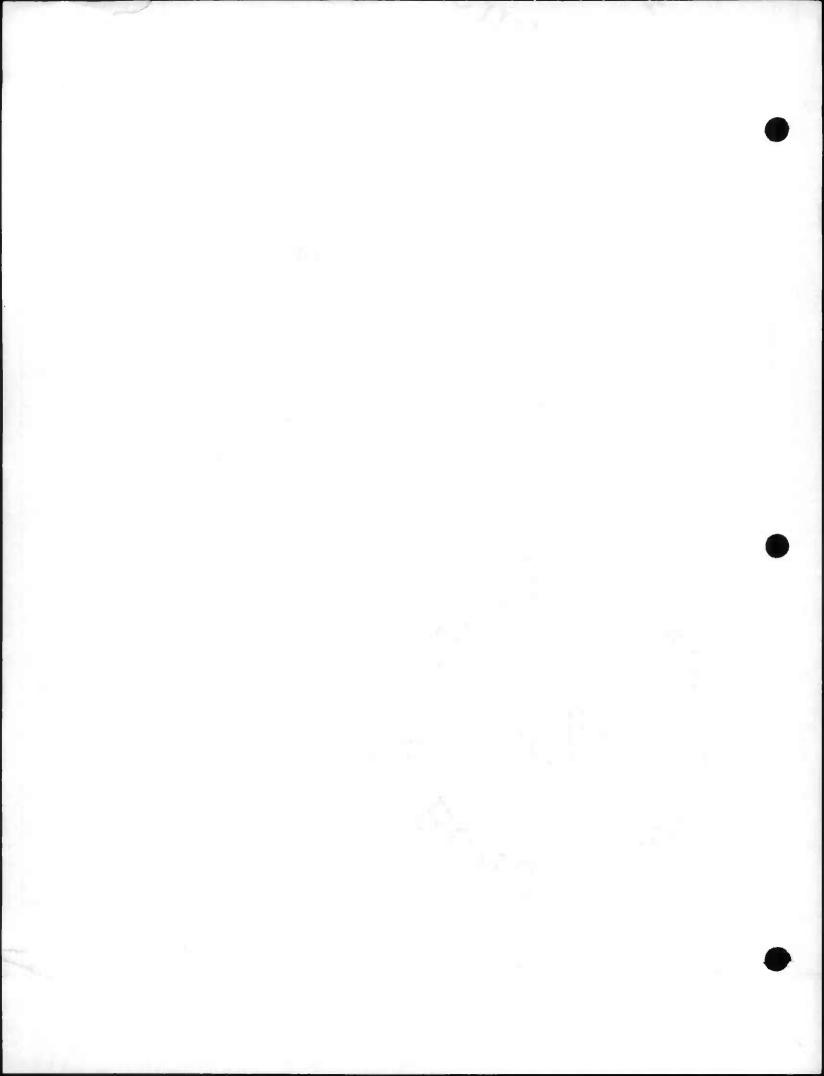
DIVISION OF VITAL

1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARCH 13, 1993 SADIE WEISMAN 4:40 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 88 DAYS 1 🗌 M 2 💢 F 220-09-0703 1905 VIRGINIA FEB. 6, NORTH OAKS HEALTH CENTER 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE MARYLAND 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 16g. CITIZEN OF WHAT COUNTRY? 21208 USA 725 MT WILSON LANE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.)
 \(\subseteq \text{YE} \) NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES BY 3 🕅 Widowed 4 🗌 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) SYNAGOGUE EXECUTIVE SECRETARY 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNIE SEFF MAX LEAVITT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2604 BEL PRE RD SILVER SPRING, MD 20906 2 MRS. MARILYN FOX 20s. METHOD OF DISPOSITION

\$\times \text{XBuriel} 2 \quad \text{Cremation} 3 \quad \text{Removal from State}
4 \quad \text{Donation} 5 \quad \text{Other (Specify)} \quad \quad \text{Left} 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State BALTIMORE, MD cemetery, CBNATO OTESRAEL -3-16-93 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Keer 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) DUE TO (OR AS MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a, WAS AN AUTOPSY PERFORMED? nress 1 YES 2 NO OF DEATH? menta 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 [] YES 2 [] NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ΒY 2 Accident 28e. PLACE OF INJURY — Al home, lerm, streel, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilma, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On occured at the time, date and place, end due to the cause(e) end manner ee stated. BE J0279 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BACTINOLE; 31. DATE FILED (Month, Day,)bar-32. REGISTRAR'S SIGNATURE Julia Davidson 1993





FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

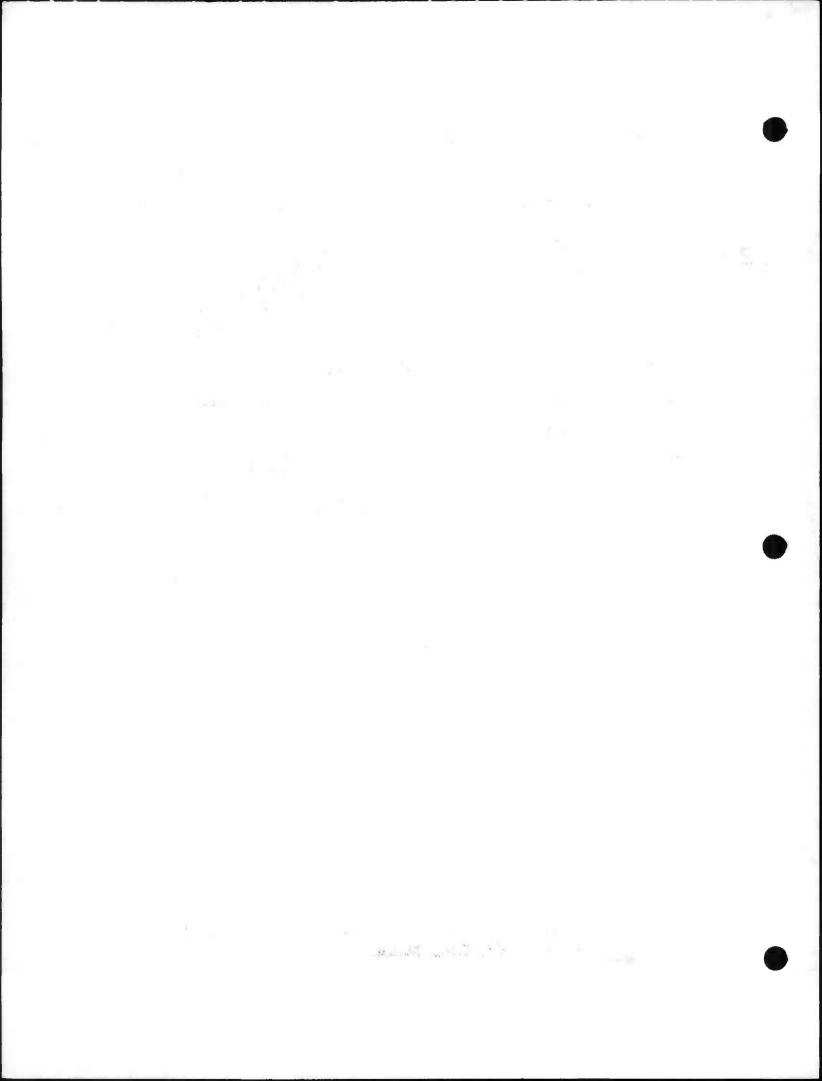
	1 - STATE REGISTRAR			ICATE O			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2	DATE OF DEATH			3. TIME OF DEATH
	Catherine Virgini	ia Washenfe	eldt				03-17-199		YEAR	12:30 A.M
		5. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24		. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	214-30-3829	1 □ M 2 💆 F 6(YRS.	MONTHS DAYS	HOURS	MIN.	(Morith, Day, Year) 08-15-193	32	Country) Balt:	imore, Md.
	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION	OF DEAT			TY OF DE	
DIRECTOR	Ivy Hall Geriatric	Center		Middle	River			Bal	timo	re County
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
2	Maryland Baltin	ore County	7							10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
AL	10e. STREET AND NUMBER 101, ZIP CODE							10g. CITIZ		AT COUNTRY?
FUNERAL	1300 Windlass Driv	<i>r</i> e			21220			U.S.	. A .	
5		12. WAS DECEDENT EVE FORCES? 1 7		13. WAS DI	CENDENT OF	HISPANIC	ORIGIN? (Specify Yea Puarto Rican, etc.)		14. RACE -	- American Indian, White, alc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES			Specify:	Fuerto Riceri, etc.)		Specify	:
_	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	LISTIAL OCCUPAT	2001		Las van as ava		Whit	e
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	work done during n	nost of working		16b. KIND OF BUS	INESS/IND(JSTHY	
필	12th Grade	College (1-4 or 5+)	Key Pun	ch Oper	ator		Card Wa	re		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					R'S NAME	(First, Middle, Maiden S			
BE	Louis Washenfeldt				Va	leria	a Marie C	ampbe	211	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or	Rural Rout	te Number, City or Town	, State, Zip	Code)	
-	Louis F. Washenfel	dt	4845	Philade	lphia 1	Road	, Aberdee	n, Ma	ryla	nd 21001
	20a, METHOD OF DISPOSITION 1 ⅓ Burial 2 ☐ Cremation 3 ☐ Remov	ral from State	ON PLACE AND DATE	OF DISPOSITION /	dama of		04TE 200 100	CATION C	Mar on Torre	- 61-1-
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!	uere I	Gardens	of Fait	h Cemet	tery	3/19 Bal	timor	e, M	aryland
	XI. SIGNATURE OF FORENAC SERVICE LICE	NSEE	1		C. Mil					
	Jalhlen	m. M	wahre	6415	Belair	Road	d, Baltim	ore,	Mary	land 21206
	23. PART i. Entar the diseases, or co shock, or heart fellure. Li	mplications that cause or	sed the death. Do i n each lina.	not antar tha m	oda of dying	, such s	s cardiac or reapir	ratory arre	est,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	Calo A	1	AXXL	u M.					Onset and Daath
	resulting in dasth) s. QUE TO (DR AS A CONSEQUENCE OF):									
	Prolede o Wyka andral with the									
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate our consequence on the consequence of the consequ									
CAT	cause. Enter UNDERLYING	AS	CVD	3 F	tner	mì.	0			
Ĕ	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):									
H	resulting in death) LAST									
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS									
DICAL	seno		M.				PERFORI	MEO?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE
MED	De	prossi	001				1 TYES 2	□ NO		OF OEATH?
=						<u>.</u>	-			YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. (PLACE OF DEAT	TH (Check	only one)			
Sign		HOSPITAL: 1 Inputient 2 I ER/O	utpetient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Rasid	enca 6	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJUR (Month, Day, Yea.			JURY AT	28	Bd. DESCRIBE HOW IN	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 N	10				
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJU building, atc. (S	RY — At home, larm, a pecify)	street, factory, off	ca	28	BI. LOCATION (Street as City or Town, State)	nd Number o	or Rural Ro	ute Number,
COMPLETED										
린		AN: To the best of my kn								
ő	2 MEDICAL EXAMINER:	On the beals of examins	tion and/or investigation	n, in my opinion,	death occured	at the time	e, data and place, and	dua to the	cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11/200	0 1/	12	29c. LICENS	E NUMBE	R	29d. DATE	SIGNEO (Month, Day, Year)
5	Maure -	1 1/-	em, N	1)	12-	58	ナンサ・	P 3	>//8	5/93
	30. NAME AND ADDRESS OF PERSON WHO									
	Malika Waseem, M.D.	LUU N. E	Broadway,	Baltimo	re. Ma	ryla	ind 21231			
	MAR 1 9 1993	dilio ha	iden Back	M.						
- 10		/	,							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-truth of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

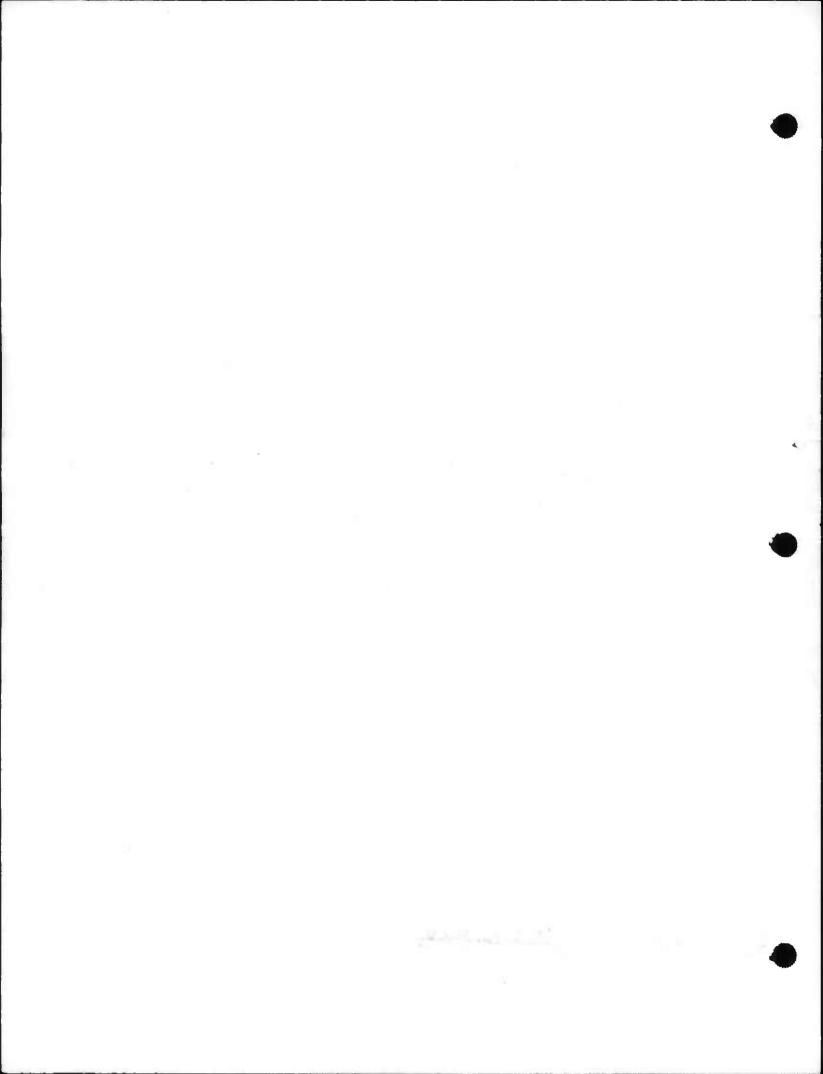


	REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO.			
	1. DECEDENT'S NAME (First, Migdle, Last)	MARTHA H.	WILLIAMS	aius		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH 12:55 P M	
	4. SOCIAL SECURITY NUMBER 215-05-3137	1 - M 2 V VF	78 YRS. MO	THS DAYS H	OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-30-14	Ma	THPLACE (State or Foreign Intry) ryland	
TOR	98. FACILITY NAME (If not institution, give st Greater Laurel Be			Laurel	OCATION OF DEA	Prince Georges			
입	10n, STATE 10b, COUNTY	,	10c. CITY, TO	OWN OR LOCATION			· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY	
FUNERAL DIRECTOR	Maryland Prince	e Georges	La	urel	P CODE		LIMITS? 1)(X) YES 2 NO F WHAT COUNTRY?		
NERA	1013 Philip Powers			2	20707		SA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DA	2 / JNO	13. WAS DECENT If yes, specif 1 TYES 2)	Bi	ACE — American Indian, ack, Whita, etc. ectly: White			
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S USI	IAL OCCUPATION	f working	16b. KIND OF BUS	SINESS/INDUSTRY	'	
BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Comptomet	done during most of tred.)		Rail	road		
8	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden			
BE C	James F. Hall, Sr.	•	40. 444 11 110 40		lary E.		0. 7.0.4		
잍	Shirley R. Christ	nan	The second of th			oute Number, City or Tow Rd., Hernd		22071	
	20a. METHOD OF DISPOSITION		PLACE OF DISPOSITE				CATION - City or		
	y	oval from State	other place) ort Linco						
	21. SIGNATURE OF FUNERAL SERVICE LIC		OIL LINCO		ADDRESS OF FAC	I DI'E	IILWOOU.	Maryland	
	11.00	I. On do		Fleck	Funeral	Home, In	С.		
	1 Stall	Medica	y	7601 5	andy Sp	ring Rd	Laurel		
	23. PART I Enter the disesses, or o shock, or heart feilure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	List only one cause on a	Vascules	A	4)	as cardiec or respi	iratory srrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentisily list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. CWWW Orstructure Lung Disease								
MEDICAL	PART II. Other significant condition	s contributing to death b	out not resulting in t	he underlying c	ause given in F	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			90 84 60	E OF DEATH (Che	ok only one)			
Ö	EXAMINER?	HOSPITAL:		THER:					
₹	1 VES 2 JUNO 27. MANNER OF DEATH	1 Impetient 2 ER/Outs 26s. DATE OF INJURY	28b. TIME O			28d. DESCRIBE HOW	INJURY OCCURED		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK		200. DEGONIDE NOW	INDUNT COCONED		
В	2 Accident Investigation 3 Suicide Could get be	28s. PLACE OF INJURY	- At home, farm, stre		2	281. LOCATION (Street	and Number or Rur	rai Route Number.	
ETED	4 Homicide s Could not be detarmined	building, etc. (Spe	alfy)			City or Town, State,)		
COMPLE	cont only	CIAN: To the best of my know R: On the basis of examination						se(s) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R		2	9c. LICENSE NUM	BER	29d. DATE SIGN	IED: (Month, Day, Year)	
TO B	William A.	Udue-	2		01391	6	>3/9	H3	
F	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DE	321 P	ince bed	wst 1	Laurel.	W 207	07	
	31. DAYE (140 (MONI)) DAY 1993	4 22. RESISTRAR'S SIG	TURE						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 yours after death. Page 6 m TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, To Fune after death with the State Debys. of Health and Mental Hygiene prior to burial, cremation, or removal. INPORTABLY: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must	
ted within 2 cours after death completely filled in by the fune ial, cremation, or removal.	
ted within 2. Cours after completely filled in by th ial, cremation, or remova	
ted within 2. Cours completely filled in ial, cremation, or re	
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		FOR 1 - STATE		STATE OF I	MARYLANI	D / DEPA	RTMENT	OF HEALI	H AND	MENTAL HYGIEN		33	07463
		negistrar 1. decedent's name (First, A Genevieve W				CERTIF	ICATE	OF DE	АГП		AY	YEAR	3. TIME OF DEATH
	ļ	4. SOCIAL SECURITY NUMBER		5. SEX	8 AGE //n .ms				000 04 1000	7. DATE OF BIRTH	9	93	1.0:35 A M
		178-30-4620		1 □ M 2 💢 / F		1/1 yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 96 YRS. MONTHS DAYS HOURS MIN.			(Month, Day, Year)		Count	nsylvania	
-		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, YOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
	DIRECTOR	Greater Laur		ltsville	Hospi	tal	Lau	rel			Pr.	ince	Georges
	i i		10b. COUNTY	1		10c. CI	TY, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?
- i	3	Virginia	Che	sapeake			hesap	eake					1X YES 2 □ NO
	A	10a. STREET AND NUMBER						10f. ZIP C			10g. CITI		WHAT COUNTRY?
		2308 Halyard Lane 23320 USA											
	FUNERAL	11. MARITAL STATUS 1 Naver Married 2 M	forded	12. WAS DECEDEN FORCES? 1	IT EVER IN U.S	ARMED				NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.)	s or No-	14. RAC Blac	E — American Indian, k, White, etc.
	2	3 MANdowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES X NO Specify: Specify:							White				
	a	15. DECEI	DENT'S EDU	CATION	16.0	DECEDENT	S USUAL OCC	UPATION		16b. KIND OF BU	SINFSS/INO	USTRY	white
- 11	II	(Specify only i	highest grade			(Give kind o life. Do NOT	work done du	ring most of w	orking	100. 10.00	0.11.2007.11.0		
_ i	Z	12		2		Nurse				Nursin	p		
once.	COMPLE	17. FATHER'S NAME (First, Mid	idle, Last)					16. N	OTHER'S NA	AME (First, Middle, Maiden			
at	и∥	Michael B. W	ard					E l	la Mo	rrow			
il i	0	19a. INFORMANT'S NAME (Typ								Route Number, City or Tow			
9 70	-	Herbert Jame								esapeake,			
18 18		20a, METHOD OF DISPOSITIO	ON 3 ☐ Rem	ovat from Stata	20b. PL	ACE OF DISPO	OSITION (Nam	e of cemetery,	crematory or	20c. LC	CATION -	City or T	own, State
Ě	St. Catherine Roman Catholic Cem. Dubois, Pennsy 21. SIGNATURE OF FUNETAL SERVICE SERVICE.									ennsylvania			
m m	1	21, SIGNATURE OF FUNE HAL	10.0	2 0	1/2	0 	F1	eck Fi	inera 1	Home, Inc			
еха		· Ka	Rall	QUU	eyeu	4	76	01 Sar	dy Sp	ring Road	, Laui		MD 20707
event, the medic		23. PART I. Enter the die ehock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fellure.	e	ardi O (OR AS A CO)	A C NSEOUENCE	Arres	+		ch es cerdiec or resp	iretory arr	est,	Approximate Interval Between Onset and Death None
or other	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST Lastro in testinal Bleeding Alf Nour Due to (or as a consequence of): Due to (or as a consequence of):											
31		PART II. Other significen	t condition	a contributing to	death but n	not resulting	In the und	erlying ceu	se given in	Part I. 24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
any	EDICAL	501	0515							1 _ YES			COMPLETION OF CAUSE OF DEATH?
SMOL	Y Z									<u> </u>	•		1 YES 2 NO
23 \$													
item .	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:		F DEATH (C	heck only one)			
10	HYSI	1 TYES 2 NO		1 Ninpetient 2			4 🗆 Nursi	ng Home 5		6 Other (Specify)			
	H H	27. MANNER OF DEATH	Pending	28e. DATE Of (Month, I	F INJURY Day, Year)		ME OF 2	8c. INJURY A		26d. DESCRIBE HOW	INJURY OC	CURED	
marked,	e e	2 Accident	rvestigation	200 PLACE	OF INJURY — /	At home form		1 YES	2 NO	26t. LOCATION (Street	and Mumber	as Dural	South Market
28 Is	9		Could not be letermined	building	, etc. (Specify)	nt Horne, Imrii	, 20000, 10000	y, ornea		City or Town, State		or nore	node Namoer,
Eli	<u> </u>	29a. CERTIFIER									-		
TI II II	COMPL	(Check only								a to the cause(a) and ma a time, data and place, a			(s) and menner as stated.
RIAN	Č	29b. SIGNATURE AND TITLE	OF CERTIFIE	R				29c.	LICENSE NU	IMBER	29d. OAT	E SIGNE	O (Month, Day, Year)
E 1	20	Jani	7/	y Mor	7 M	D		D	4 3	260	> -	3/10	193
	2	30. NAME AND CORESS OF	V .	OF DMPLETED CAL	D 1UZ			2001	4 7 ~~	Laurel M	7 3	170	
1		31. DATE FILED (Mogal), Days y	4.4	D. pleist	ASID SIGNOW	> Luu	101-1066	uie 174	701	LUNKEL M	AD CC	100	2
3		MAR 1 9 19	93	The later									



		FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME	NT OF H	EALTH AND I	MENTA	AL HYGIEN REG. NO.		07464	Lin.
		1. DECEDENT'S NAME (First, Middle, Last)				77 =	2. DATE	E OF DEATH	. ,	3. TIME OF DEATH	
		JAMES	ALEXANDE		JOY	JNG		<u>- 15 - 93</u>		EAR	М
P		215-34-7815	1XXM 2 □ F 60	MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH th, Day, Year) -7-33	8.	BIRTHPLACE (State or Fore Country) PA •	ign
2, 3 should	OR	99. FACILITY NAME (if not institution, give street INTON MEMORTAL RESIDENCE OF DECEDENT		9b. (PRIOCATION OF DE	EATN		9c. COUNTY	Y DF DEATH	
	5	RESIDENCE OF DECEDENT 10a. STATE 10b. CDUNTY		10c. CITY, TOV	1001110					The same	
permit. Pages	L DIRECTOR	MD			BALTI	MORE				10d. INSIDE CITY LIMITS? 1 X X ES 2 N	0
	IERAL	100. STREET AND NUMBER 2107 E. LAFAYET	TTE AVENUE		101	21213				S . A .	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	BY FUNER	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FDRCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	NO NO	If yes, sp	ENDENT DF NISPAN ecify Cuban, Mexica 2 NO Specify	n, Puerto		or No- 14	Black, White, atc. Specify: BLACK	,
1215-0 r attending use as the	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	FIDN 16:	e. DECEDENT'S USUA (Give kind of work de	L OCCUPATION	ON set of working	164	b. KIND OF BUS	INESS/INDUS		
YLAND 21 by the hospital or be detached for u at once.			College (1-4 or 5+)	itte. Do NOT use retin	ed.)	St O WORKING		CONSTE	RUCTIO	ON	
he hor detach	COMPL	17. FATNER'S NAME (First, Middle, Last)	18. MOTNER'S NAN			ME (First,	Middle, Maiden	Sumame)			
d by d	BE (JAMES E. YOUNG	3			LILLI	AN I	WARREN	1		
MARN retained to 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Ro				nber, City or Town	, State, Zip Co	ode)	
ay be n page 5		ALICE COLEMAN		721 E.	20th	STREET	r/BA	LTIMO	RE, M	ID 21218	
e 6 m ector,	5	20a. METHOD OF DISPOSITION 1 Duriet 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rai from State cometer GAR	ACE AND DATE OF DIS ry, crematory or other ple RRISON F	POSITION (Ne ORES	r VA CE	M -			y or Town, Stata MILLS, MD	
ALTIN death. Pag e funeral dia ii. examiner		21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			ND ADDRESS OF FA					
BAL after dear by the fur moval. Ical exa		leven /	ly							NORTH AVI	E.
760, ad within 24 hours ompletely filled in to it, cremation, or re-	1	23. PART I. Enter the diseases, or conshock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death)	prications that caused the standard prications that cause on each DUE TO (DR AS A CO	c arres		V Wo			ratory erres	t, Approximate Interval Bett Onset and E	ween
P.O. BOX 68 ath certificate be execu ttending physician and al Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (DR AS A CO			, 					
RECORDS requires that the deen signed by the of Health and Me shows any Injur	MEDICAL	PART II. Other algorificant conditions of	contributing to deeth but r	not resulting in the	underlying	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO) USE
VITAL AN: The law tificate has the State Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOS DITAL			ACE OF DEATH (Ch	eck only o	ne)			
ICIAN: ertifica the Str	XS.	1 TYES 2 THO	OSPITAL: ☐ Inpetient 2 ☐ ER/Outpetier		IER: Nursing Hom	e 5 🗆 Rasidence	a 🗆 Oth	er (Specify)			
PHYSIC This ce with the think the th	ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		URY AT PRK? YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCUP	RED	
ISIC TTENDI TTOR: A after da		3 Suicide a Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, street,	factory, office	•	28f. LOC City	CATION (Street a or Town, State)	nd Number or	Rural Route Number,	
DIV	COMPLET		N: To the best of my knowledge On the basis of examination and								led.
M	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER OF COULD	ry			29c. LICENSE NUN	1BER 389	6 019	29d. DATE S	IGNED (Month, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WHO C		(ITEM 27) (Type, Print)	Baut	mou,	Ko	1 21	218		
		31. DATE FILED (Month, Day, (bar)	32. REGISTRAR'S SIGNATUR								

DNMN-16 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CI	ERTIF	CATE OF	DEATH	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MANTH VERB											
3	John R. Young, Sr.				Mar.16,	1993		M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. los 1 ☑ M 2 ☐ F 93	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year))	Countr	PLACE (State or Foreign y) rvland				
- 1	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF DE			JNTY OF D	-				
СТОН	1411 South Light Street		Baltimore									
DIRECTOR	Md 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 X YES 2						
FUNERAL	100. STREET AND NUMBER 1411 South Light Street		101	21230		10g. CITIZEN OF WHAT COUNTRY? USA						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. AF FORCES? 1 YES 2 1 FYES, GIVE WAR OR DATES		13. WAS DEC If yes, sp 1 TYES	Speci	ACE — American Indian, lack, White, etc.							
COMPLETED	(Specify only highest grade completed) (G		USUAL OCCUPATION Work done during more retired.)		16b. KIND OF BU	SINESS/IN		ICE				
MP		uck I	Driver		self							
BE CO	17. FATHER'S NAME (First, Middle, Last)											
	Eugene Young 19a, INFORMANT'S NAME (Type/Print) 19			Tsab								
2					Route Number, City or Tox		ip Code)					
	Mrs. Loretta Hof			Marbourne AvenueBaltimore Mc								
	20a, METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)											
	4 Donation 5 Other (Specify) Cedar Hill Cemetery 3/19/93 Brooklyn Park, Md.											
	22. NAME AND ADDRESS OF FACILITY AMDOOSE Funeral Home of Lansdowne 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122											
$\overline{}$	23. PART I. Enter the diseases, or complications that caused the de shock, or heart fellure. List only one cause on each line	eath. Do n	not enter the mo	de of dying, suci	h as cardiac or resp	iratory a	rreat,	Approximate interval Between				
1	IMMEDIATE CAUSE (Finel disease or condition resulting in death) CARDIAC ARREST											
	OUE TO (OR AS A CONSE	QUENCE OF	0.0	1	0.	A B A	- 0	0 01/00				
N	Sequentially list conditions, if any, leading to immediate	am	ru car	anvo.	sovervi	JIJA	MIL	LOYICS				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	QUENCE OF	Pero a	.0 D. A	1400		•	Soun				
윤	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of the consequence of the cause of the consequence of t											
E	resulting in death) LAST											
	0.											
DICAL	PART II. Other algoriticent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?											
8	generalizar Arta	NU	auny	1	1 TYES :	THO		COMPLETION OF CAUSE OF DEATH?				
ME	- Hyperferra 10 YES 2 1/NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26 Pt	ACE DF DEATH (Ch	not only one)							
딣	EXAMINER? 1 YES NO 1 Inpatient 2 ER/Outpatient 3	. □ noa	OTHER:									
Η̈́	27. MANNER OF DEATH 28s. DATE DF INJURY	28b. TIM	E OF 28c. INJ	JRY AT	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OC	CUREO					
	1 Natural 5 Pending (Month, Day, Year)	INJ		RK? ES 2 NO	TOTAL TOTAL HOURS OCCUPIED							
B√	24 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, s	street, factory, office	,	28f. LOCATION (Street		or or Rural F	Route Number,				
	4 Homicide datermined				City or Town, State							
٦	CERTIFYING PHYSICIAN: To the best of my knowledge, de	eth occurre	ed at the time, data	and place, and due	to the cause(s) and ma	nner as sta	nted.	1 1				
COMPLETED	EXAMINER: On the basis of examination and/or) and manner as stated.				
Ö	296. SIGNATURE AND TITLE OF PRIFIER			29C. EICENSE NUN	IGER	29d. DA	TE SIGNED	(Month, Day, Year)				
0	A LUI MANAIA	10	P. P.	113	543		3/1	7/93				
임	00. NAME AND RECORDS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM	H STORE	Print)				7	11-1				
1	THANDOR HOSPITACON	His	,	·			/					
	MAR 1 9 1003	Lab.										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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nding physician. s the bunal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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ATT.	SECTO.	irs aft	m 28
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HOSPIT	UNER	vithin	ANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-100/01 after death, Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	2	2	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			IENTAL HYGIEN	E		0 1	400		
	1. DECEDENT'S NAME (First, Middle, Las	st)				2. DATE OF DEATH		3. T	IME OF DE	ATH		
,	HETTIE MAE	YOUNG	;						3:00	РМ		
	4. SOCIAL SECURITY NUMBER			F UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	E (State or			
	244-84-9595 Sa. FACILITY NAME (If not institution, give	1 M 2 F	June 23,	, 1901 North Carolina								
œ	4936B Carea Road		arford									
6	RESIDENCE OF DECEDENT			nar.								
DIRECTOR	Maryland Hai	rford		ite Hal				INSIDE CI LIMITS?				
	10e. STREET AND NUMBER	· · · · · · · · · · · · · · · · · · ·		101.	ZIP CODE		10g. CITIZEN DF WHAT COUNTRY?					
FUNERAL	4936B Carea Ro	oad			21161		U	SA				
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				IC ORIGIN? (Specify Yes	or No - 14.	RACE - A	merican In	dlan,		
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify:	, Puerto Rican, atc.)			White	2		
	71	710171011	44- 00000000000000000000000000000000000	1		16b. KIND OF BU						
1	15. DECEDENT'S El (Specify only highest gra	ade completed)	(Give kind of wor life. Do NOT use	k done during moi		160. KIND OF BU	SINESS/INDUS	н		100		
PLE	Elamentary/Secondary (0-12) Unknown	College (1-4 or 5 +)	Homemal	ker		Own H	iome			1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)			-		
BE C	Colton Gouge				Laura	Ayers						
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street &	nd Number or Aural A	loute Number, City or Tow	n, State, Zip Co	de) P.	0. Bo	ox 345		
Ĕ	Henline-HUghes		119 Cr	imson L	aurel Wa	y, Bakersy	ville,	N.C.	2870)5		
	19a. INFORMANT'S NAME (Type/Print) James Henline Henline—HUghes Funeral Home 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stella, Zip Code) P.O. Box 34. 119 Crimson Laurel Way, Bakersville, N.C. 28705 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, Stella 20c. LOCATION — City or Town, Stella 20c. LOCATION — City or Town, Stella											
	Washington County Memorial Gardens Johnson City, Tenn 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary											
										_		
_	7 7 14	ariensia	u	19 S. Main St., Stewartstown, Pa. 17363								
	23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, Approximate interval Between											
	IMMEDIATE CAUSE (Final disease or condition ASCVD								Onset a	nd Death		
	resulting in death)			A 4	60			1	-			
z	DUE TO (DR AS'A CONSEQUENCE OF) & F.B.											
CERTIFICATION	if any, leading to immediate											
2	CAUSE (Disease or injury Due TO (DR AS A CONSEQUENCE OF):											
H	that initiated events resulting in death) LAST											
		d.		Ab d al to		B. 41 21 110 11		I				
SAL	PART ii. Other algolificant condit	lions contributing to death t	out not resulting in	the underlyin	g cause given in	Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE						
Q		NA			1 TES	2X NO	OF DEATH?					
M	1-1/											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	L		26. PI	ACE OF DEATH (Che	eck only one)	ž					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	e 5 Rasidence	6 Other (Specify)						
ΉÝ	1 YES 2 NO 1 Inpatiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF NJURY (Month, Day, Year) 28b. TIME OF VORTY WORKY 2 Sc. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORKY WORKY											
BY F	1 Natural 5 Pending 2 Accident Investigation		YES 2 NO									
ED	3 Suicide 8 Could not	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Rou City or Town, State)										
LET	29a. CERTIFIER		# TAIL TO A TO A TO A TO A TO A TO A TO A TO									
COMPLET	20s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of paraminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
E C	29b. SIGNATURE AND TITLE OF CERTIF	IFIER C. I. T.			29c. LICENSE NUI	MBER	29d. DATE	D (Mc	onth, Day, Ye	var)		
TO B	De	on Com	-		MO 78	-90		79/	73.	,		
-	Dean Vassar 10	04 Plumtree Ro	ad, Suite		Bel Air	Maryland	21015	-				
	31 M. E. B. B. B. B. B. B. B. B. B. B. B. B. B.											

1	-	FOR STATE REGISTRAR

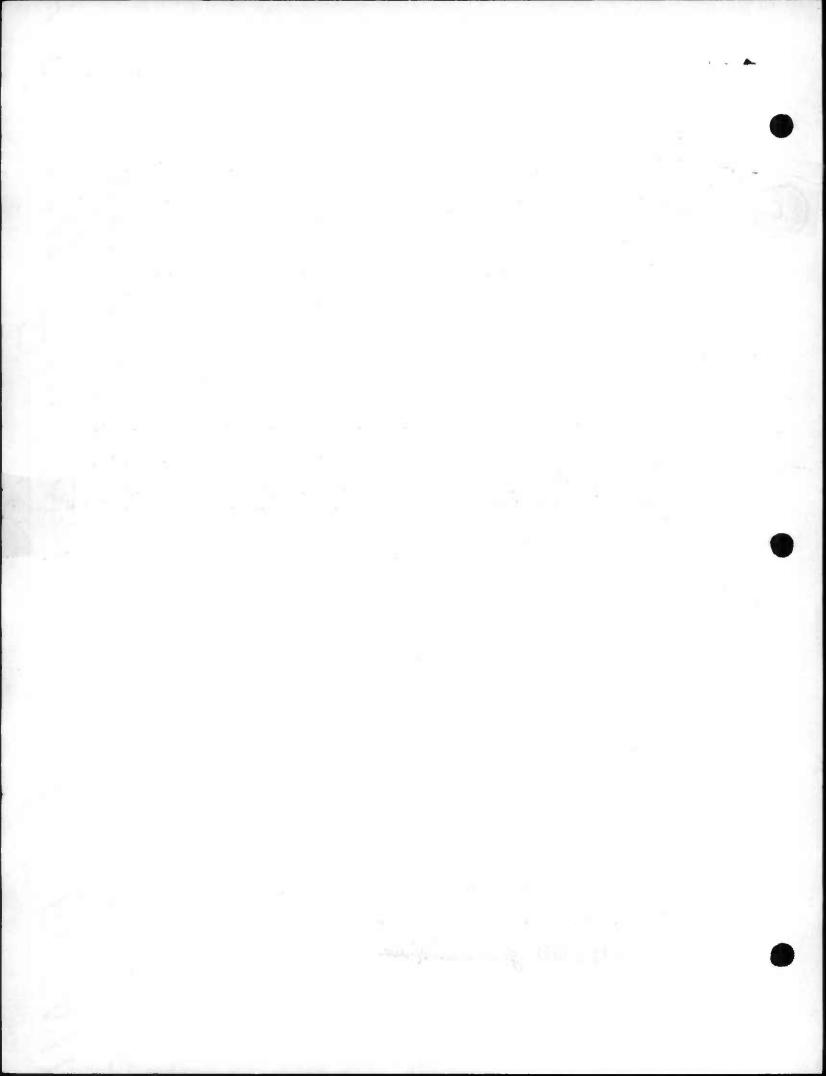
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C	ERTIF	ICATE	OF	DEATH		REG. NO),					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C		AV	VEAD	3. TIME OF DEATH			
3	Malcolm Foste				Feb.	. 12,	1993 YEAR		4:15 P. M					
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE O	F BIRTH			IPLACE (State or Foreign			
	220-82-7345 1 1 x м 2 □ F	32	YRS.	MONTHS DAYS HOURS MIN. (Month, Day, M Feb. 2)					1960					
œ	98. FACILITY NAME (If not institution, give street and number) 7510 Picnic Woods Rd.			9b. CITY, 1		ederick	EATH		9c. COUI	eder				
DIRECTOR	RESIDENCE OF DECEDENT													
H	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?			
	Md. Frederick	ζ		Mid	ldle	town					1 YES 2 X NO			
FUNERAL	7510 Picnic Woods Rd				10f.	21769			1	S.A.	WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	yea, spe		TOF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, Whita, atc.) NO Specify: White										
	15. DECEDENT'S EDUCATION	16a, D	ECEDENT'S	USUAL OCC	CUPATIO	ON .	16b.	KIND OF BU	ISINESS/IND					
	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +	- 10	Give kind of vie. Do NOT us	work done du se retired.)	uring mo	st of working	2330							
릴	12		sal	esman	1			ha	rdwar	e co				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA											
BE (C. Richard Ahalt					France	s Col	olent:	Z					
0	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural F					04.740			
F	Betty Lynn Ahalt				oods Rd.	, Mic				21769				
	20a. METHOD OF DISPOSITION XXBurial 2 II Cremation 3 I Removal from State 4 I Donation 5 I Other (Specify)	other r	nlanal			netery, crematory or netery 2/	15	20c. LOCATION — City or Town, State Middletown, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LIDENSEE 22. NAME AND ADDRESS OF FACILITY													
	Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769													
	23. PART L Enter the disease, or complications that shock, or heart failure. List only one cau IMMEDIATE CAUSE (Finel disease or condition resulting in death) Oue To	se on eech lin	sarco	ma	the mp	de of dying, euc	h es cerdi	ec or reet	piratory and	eat,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequenticity liet conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
	PART II. Other significent conditions contributing to	deeth but not	reculting	in the und	deriying	g ceuse given in	Part I.	24a. WAS A		241	b. WERE AUTOPSY FINDINGS			
DICAL			PERFORMED?				AMAILABLE PRIOR TO COMPLETION OF CAUSE							
AED I				1 VES 2 NO OF DEATH?										
ä														
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF OEATH (Ch	eck only one)						
S	1 YES 2 NO HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nursi	: Ing Hom	e 5 Analdenca	6 🗆 Other	(Specify)						
PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural 5 Pending 26e. DATE OF (Month, D.		28b. Till IN.	ME OF SURY		URY AT PRICE 2 NO	28d. DEŞ	28d. DEŞCRIBE HOW INJURY OCCUREO						
D BY	2 Accident investigation 3 Suicide 8 Could not be determined determined	ery, offic	•	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
ETE														
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as										(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)						
BE (Milas S. Nudman, 1	Milacl S. Rudman, MD							•		18/93			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	SE OF OEATH (IT				D 17601				-/ -				
	Michael S. Rudman, M.D. M. 31. DATE FILED (Month, Day, Your) 32. REGISTRA	LGGLETO		ш.										
		Lucy Loon		ec.										
		Total Control	-											



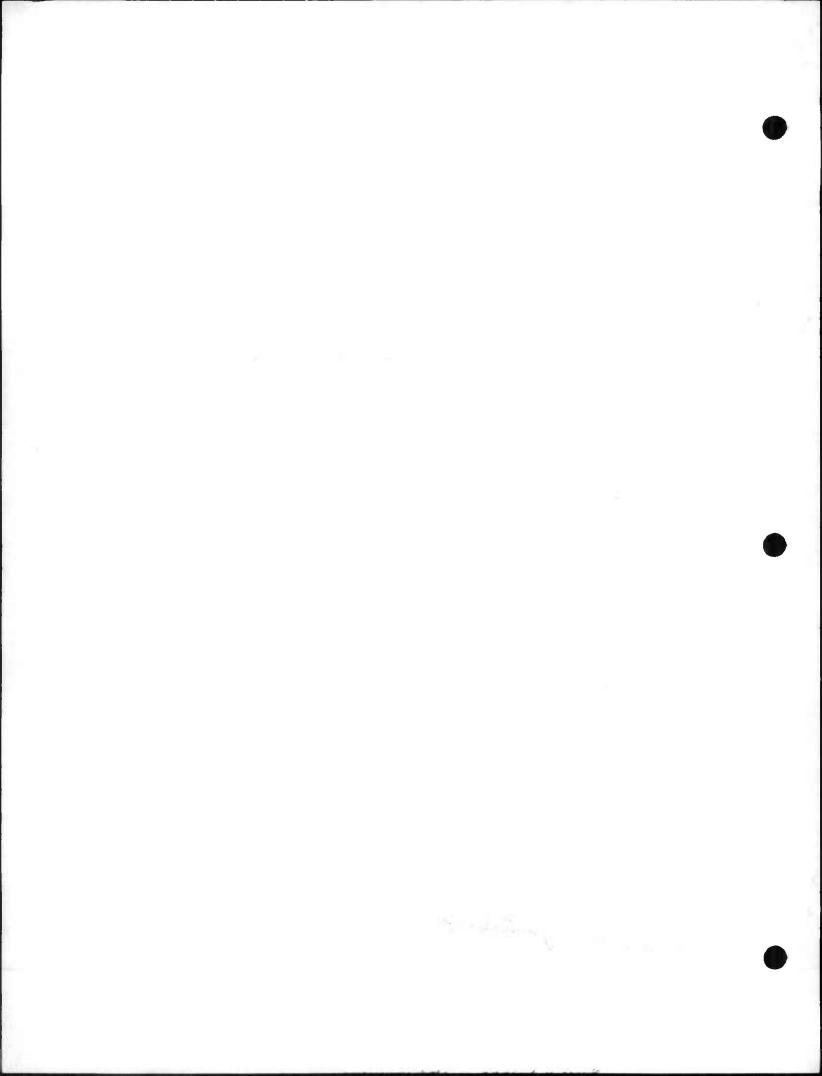
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE	OF DEATH			3. TIME OF DEATH	
		Zina Marie BLACK 02 23 1993 5:55P													C CCD M		
-		4. SOCIAL SECURITY NUME		5. SEX							R 24 HRS.	7. DATE	OF BIRTH	1	8. BIRTHPLACE (State or Foreign		
SHEW	- 9	E70 00 0000	24	YRS.	MONTHS	DAYS	HOURS	MINI,	(Month	2 1968	.	Wash., D.C.					
正 能		578-80-6802 9a. FACILITY NAME (If not in		(treet end number)			-	9b. CITY.	TOWN	OR LOCATI	ION OF DE		2 1300				
	E.	DOCTORS COM	MUNITY	HOSPITA	\mathbf{L}			LAN						PR	INCE	EATH GEORGES	
	DIRECTOR	RESIDENCE OF DECEDENT															
ages	RE	10e. STATE	10b. COUNT	Y			10c. CITY	, TOWN OF	LOCA	TION						10d. INSIDE CITY LIMITS?	
差		MARYLAND	,	SEAT	PLEA	ASAI	TV						1 N YES 2 NO				
physician. burial-transit permit. Pages	FUNERAL	10e. STREET AND NUMBER								. ZIP COD	E			10g. CITIZ	EN OF W	VHAT COUNTRY?	
n. ansit	声	7010 Greig	ST					20743							USA		
physician. burial-trar	5	11. MARITAL STATUS	U.S. ARM	S ADMED 45 MMC DECEMBER OF HEADY						17 (Specify Yes	or No-	14. RACE	- American Indian, c, White, etc.				
	BY	1 Never Married 2 ☐ 3 ☐ Widowed 4 ☐ Divo	FORCES? 1	AR OR DA	ATES X				2 XNO			sicuri, utc.)	Specif	75-7			
or attending r use as the	ED E			1										1		Black	
al or att	ETE	(Specify only	EDENT'S EDU- highest grade	completed)		. (Give	EDENT'S I b kind of w Do NOT use	USUAL OCI	CUPATH	ON ost of working	ng	16b	. KIND OF BUS	INESS/IND	S/INDUSTRY		
		Elementary/Secondary (0	-12)	College (1-4 or 5				MENT	(D)	TCADI	T TOT	7	TAT / /				
the hospita detached i	COMPL	12th 17. FATHER'S NAME (First, M.	iddle Local			ONTEN	LIVI	NT LITTY	(D.				N/A				
by the	_		J. 27										Middle, Maiden				
d be	띪	JAMES BLACK 19a. INFORMANT'S NAME (7)											VALENCI GENERAL				
be retained by the hospital ge 5 should be detached to ne notified at once.	일												ber, City or Town			7.40	
ay be		JAMES BLACK 294. METHOD OF DISPOSITE			100						TER		EIGHTS			0743	
hours after death. Page 6 may ed in by the funeral director, pa or removal. medical examiner must b		1 Burial 2 Crematio	n 3 🗆 Rem	oval from State	cem	etery, crem	atory or oth	FDISPOSIT her placa)	ION (Na	ame of	3–1-	DAT		CATION — C			
funeral director, xaminer must		21. SIGNATURE OF FUNERAL		CENSEE ^	- IHa	rmon	У	22 N	AME A	ND ADDRE			TRT	idove	T.T.IN	ID AT TIOME	
death. Pag tuneral di I. examiner) .B.JENKINS FUNERAL HOME															
the fu	Щ	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate															
d in by the or removal		23. PART I. Enter the di shock, or he	seases, or o	complications that List only one cau	t caused	the deal	th. Do n	ot enter t	he mo	de of dy	Ing, suct	h as card	llac or respir	ratory arm	est,	Approximate	
filled I		THOUGH DATABOUT															
		disease or condition as Sicial Cell disease															
completely ial, cremat event, 1				DUE TO	(OR AS A	CONSEQU	JENCE OF):		,							
and com o burial,	Z	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sincle Cell disease Due to (or as a consequence of): Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):															
be execut cician and c rior to buri traumatic	Ĕ	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (DR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF):													İ		
physic er tr	일	CAUSE (Disease or inju		c. Due to	(DR AC A	CONSEQU	IENCE OF										
des physicals private pri	Ē	that initiated events resulting in deeth) LAS	7	DOE 10	(DR AS A	COMSEGU	JENCE OF):									
E 81 B	병	Access of the second		d	-												
the dear of Menta injury.		PART II. Other significa									given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
H P C M	EDICAL	Dente	Byo	5/1	18CVAX2					PERFORMED?				AMAILABLE PRIOR TO COMPLETION OF CAUSE			
2 2 2 2	Ē	OF DEATHY											OF DEATH? 1 □ YES 2 →NO				
Deen of the state	=															1 123 2 2000	
he law has to m 23	¥.	25. WAS CASE REFERRED TO	MEDICAL.						26. PI	ACE OF D	EATH (Che	ck only on	e)				
TO THE HOSPITAL OR ATTENDING PHYSICARY. The law RQ THE FLAKERAL DRECTOR: After this certificate has be find within 72 hours after death with the State Dept MPORTANT: If item 28 is marked, or item 23.	PHYSICIAN:	EXAMINER?	_	HOSPITAL:	ER/Outpo	etient 3		OTHER:	na Hom	10 5 □ Ra	esidence	6 □ Othe	r (Specify)				
Sentil The the M, or	Ě	27, MANNER OF DEATH		26e. DATE OF			26b. TIME	OF 2	Sc. INJ	URY AT			CRIBE HOW IP	JURY OCC	URED		
NG Person the this cast with marked	BY F		Pending investigation	(Month, D	ary, re-ar)		INJU	M		YES 2	NO						
ADING C After r death is ma		3 Sulcide 6	Could not be	26e. PLACE D	F INJURY etc. (Speci	— At home	e, farm, st	reet, factor	y, offic	•		28f. LOC	ATION (Street a	nd Number	or Rural R	loute Number,	
OR ATTENDING DIRECTOR: After hours after death from 28 is ma	ETED		determined	Containg,	area (open	117)						City	or Town, State)				
OR A DIRECTORYS	12	29a. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowle	edge, deat	h occume	d at the tirr	o dete	and place	and due	to the cou	ee(e) and man		d.		
HOSPITAL FUNERAL WITHIN 72 TANT: #	COMPL) and manner as stated.	
HOSPI FUNER WITHIN TANT:		29b. SIGNATURE AND TITLE.			- 0												
THE HOSPI THE FUNES Sled within PORTANT:	BE	Prik	Tom	5	561		_			29c. LICI	ENSE NUM	99	2			(Month, Day, Year)	
PR	2	30 NAME AND ADDRESS OF	PERSON WILL	O COMPLETED CALL	E OF DE	ATM (ITEM	27) (5	Onice)		2	-0	((0	-		1-1-2	
(2)	1000	30. NAME AND ADDRESS OF	2 VV	Gy L per. I	# 70	dell	ary (Npo.	au	e	em_	1 2	-07	08				
0		35 DATE PILED (MOUNT 1621)	(a,fk)	32. REGISTRA	Diale	1								···········			
-		MIANT TOTAL	0	JE. REGISTRA	a aidill	N. VIIE											



1	-	FOR STATE REGISTRAR

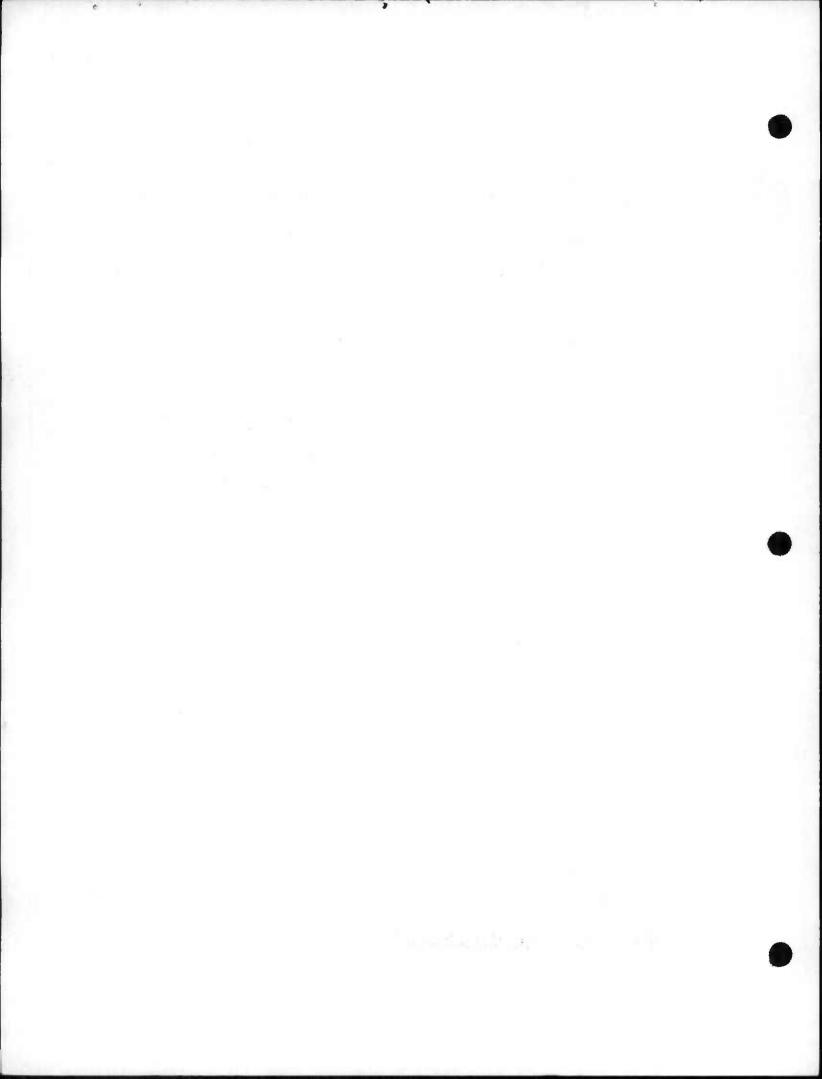
1 - STATE REGISTRAR	SIATE OF MARYL	/		F DEATH	MENTAL HYGII REG. I		
1. DECEDENT'S NAME (First, Middle, Last)		7)			2. DATE OF DEATH MONTH		3. TIME OF DEATH
Kose		Blue		7	3- 3	2-9	3 /2 4 H
4. SOCIAL SECURITY NUMBER 246-12-4990	5. SEX 6. AGE	(In yrs. lest birthday)	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year, 30 AUG	0.4	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give st	71	0.5	9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY	North Carolii
Andrews Air Fo	rce Base H	losp.	Camp	Spring	s, Md.	Princ	ce Georges
RESIDENCE OF DECEDENT							
Md. Prin			r, TOWN OR LO	Heights			10d. INSIDE CITY
100. STREET AND NUMBER	ce Georges	Cal		101, ZIP CODE		ton CITIZEN	1 Nes 2 No
7511 Walker Mi	11 Rd.			20743			S . A .
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ECENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No- 14	RACE — American Indian
1 Never Married 2 Married	FORCES? 1 YES		If yes,	specify Cuban, Mexic ES 2 NO Speci	an, Puerto Rican, etc.) ïy:		Black, White, etc. Specify:
3 Widowed 4 Divorced							Black
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of v Iffe. Do NOT us	vork done during	NTION most of working	16b. KIND OF	BUSINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)		estic		D.	omestic	
17. FATHER'S NAME (First, Middle, Last)		אוווטע	25 6 1 6	10 MOTHED'S N	AME (First, Middle, Mai		
John Henry Car	r			Ida T	Witness Co. Land Co. Co.	Joir Gurnamay	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or	Town, State, Zip Co	ode) 20743
Mae Boone		7511	Walke	r Mill	Rd. Car	oitol H	Heights, Md.
20a METHOD OF DISPOSITION 1 🖸 Burlal 2 🗆 Cremation 3 🗆 Remo	200	b. PLACE OF DISPOS other place)	SITION (Name of	cometery, cremetory or	20c.	LOCATION - City	y or Town, State
4 Donation 5 Other (Specify)	Wall from State	Harmony	y Memo	rial Pa	rk La	andovei	r, Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEÉ	-	22. NAME	AND ADDRESS OF F	Cap.	itol Mo	ortuary
> Stonewall) It. see	way	- 14	25 Mary	land Ave	. NE	Wash., DC
IMMEDIATE CAUSE (Final	abetic Ayles	each line.	alen				Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF					
PART II. Other significant condition Sepsis	s contributing to death i	out not resulting	in the underly	ying cause given le	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C	heck only one)		
1 ATES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	patient 3 DOA	OTHER:	lome 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation	Escine Pope			YES 2 NO			
3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, icify)	street, factory, o	ffice	281. LOCATION (Str City or Town, S	eet and Number or tate)	Rural Route Number,
formon only	CIAN: To the best of my know						cause(e) and manner as stated.
SHOW ATURE AND TITLE OF CERTIFIER	Show V	m		29c. LICENSE NO	JMBER 30	29d. DATE S ▶ 3 -	SIGNEO (Month, Day, Year) - 2 - 93
Makes P. Posa	O COMPLETED CAUSE OF DE	D, 500	9 Rougs	hum Cf	Cp. gr.	mt	20748

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.

IMPORTANT: If tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mouns after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

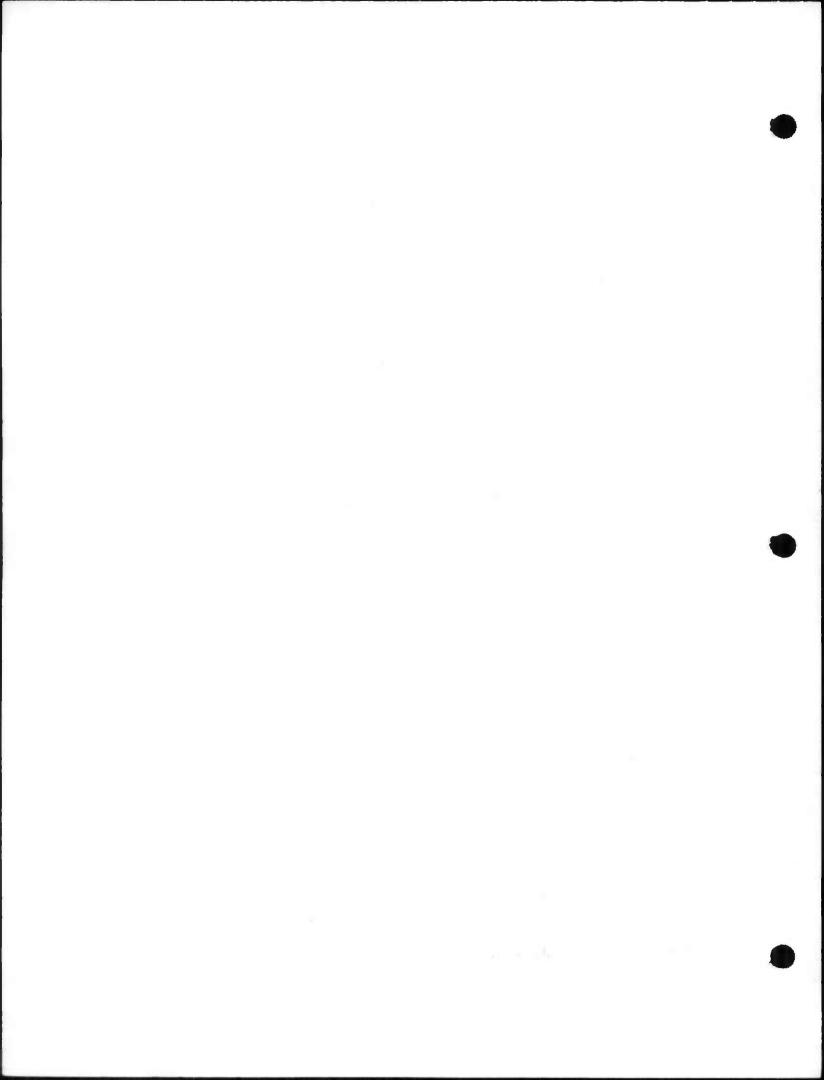
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) 2 1993

FOR 1 - STATE REGISTRAR	STATE OF N				F HEALTH OF DEA		MENTAL HYGIEN REG. NO.	E	5 0	
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF OEATH
LUCY B.	ВОУ	D					MARCH 1.	1993	YEAR	5:00 P. M
- Lav	SEX DO 7	6. AGE (In yrs. las	t birthdev)	IF UHDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH	177.		PLACE (State or Foreign
578-46-6370 9e. FACILITY NAME (If not institution, give street	M 2 X F	105		MONTHS DA		MIN.	(Month, Day, Year) 1-24-88	00 001	Country;	SSAS, VA
ARCOLA NURSING REH		TER			R SPR		zain	9 0. COC		GOMERY
10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION	-				10d. INSIDE CITY
D. C.			W/	SHING						LIMITS?
10e, STREET AND NUMBER					101. ZIP COL					HAT COUNTRY?
1346 TUCKERMAN ST.	. N. W	•			200	011_		<u>u.</u>	S. A.	
11. MARITAL STATUS 12		T EVER IN U.S. AF					NIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X	40	1 🗆	YES 2 X NO	an, mexica Specif	in, Puerto Rican, atc.) y:		Specify	
15. DECEDENT'S EDUCATI (Specify only highest grade com		16e. DE	CEDENT'S	JSUAL OCCU	PATION og most of work	1 22	16b. KIND OF BUS	SINESS/IN	OUSTRY	
	ollege (1-4 or 5 -	life.	. Do NOT use	retired.)	g most or work	rry				
	YRS.	"	101	RINTER	,		BUREAU	OF I	NGRA	VING
17, FATHER'S NAME (First, Middle, Last)	7103			CINILER	-	THEO'S NA	ME (First, Middle, Maiden			
ARTHUR ROBIN	ISON				L	ису	LUCAS			
19e. INFORMANT'S NAME (Type/Print)		19					Route Number, City or Tow			
MARGUERITE J. WOOL)	20h PLACE			RE HIL		LVD. HARLII		City or Tow	
1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other p	lace)	MEMOT	RIAL C	EMETI	ERY 3/6 SUI			
21. SIGNATURE OF FUNERAL SERVICE LICENS	P	tures	kne	PIN		-SPAI	NGLER FUNEI	RAL I	HOME	
23. PART i. Enter the diseases, or com ahock, or heart failure. List	plications the	it caused the deuse on each line	eath. Do n					ratory a	rreat,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition	a	ne of	Que) nan	011.11	011				Onset and Death
reaulting in deeth) s	DUE TO	(OR AS A CONSE	QUENC OF):	yuu		newly	1	2	707.9
Sequentially list conditions,	use	MAKE	1000		edi	900	nulu	.Ch	SAL	38
if any, laading to immediata cause. Enter UNDERLYING	DUE 10	(OR AS A CONSE	QUENCE OF):						
CAUSE (Disesse or Injury that initiated events resulting in dasth) LAST	DUE TO	(OR AS A CONSE	QUENCE OF):				,		
d										<u> </u>
PART II. Other algolificant conditions of	ontributing to	death but not	resulting i	n the unde	rlying cause	given in	Part I. 24s. WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
							—			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH #0	back only one)			
EXAMINER?	OSPITAL:	☐ ER/Outpatient	3 🗆 DOA				a Cher (Specify)			
27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. TIME	E OF 28	c. INJURY AT		28d. DESCRIBE HOW	NJURY O	CCURED	
1 Natural 5 Pending	(Month, I	vay, 1981)	INJ		WORK?	NO				
2 Accident investigation	28a DI ACE (OF INJURY — At h	ome form o				281. LOCATION (Street	and Mumb	ne ne Durnel D	loude Africahor
3 Suicide a Could not be 4 Homicide determined	building	, atc. (Specify)	oure, IBFIII, S	niset, mictory,	, GIRCH		City or Town, State	era Numb	o ur nurei h	oute Hullion,
29a. CERTIFIER (Check only one)										and manner or stated
2 MEDICAL EXAMINER:	ZII UITO DISSIO OF	PARTHITISTION SING/OF	mivestigation	n, in my opin	ron, Gestin OCC	urea III the	unie, care end place, al	ni true to	tne cause(e)	and manner as sured.
296. SIGNATURE AND TITLE OF CERTIFIER	Kom	(her)			29c. LI	CENSE NU	MBER /	29d. D/		(Month, Day, Year)

32. REGISTRAR'S SIGNATURE



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	CERTIFICA	ATE OF DEAT	Ή	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		· ·		TE OF DEATH	YEAR	3. TIME OF DEATH		
	JAMES BALLARD JR					93	130 M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y 2 ☐ F		THE DAYS HOURS	24 HRS. 7. DA' (MC	TE OF BIRTH onth, Day, Year)		THPLACE (State of Foreign Intry) S.C.		
TOR	9a. FACILITY NAME (If not institution, give street and number) HOLY CASS HOSTAL RESIDENCE OF DECEDENT		TLUER SPREAD		1	McW76	MERY		
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY LIMITS?		
	10s, STREET AND NUMBER	17/1/4	10f. ZIP CODE		1.	10~ CITIZEN O	1 YES 2 NO		
FUNERAL	69/0 23 Ad AUE) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	-	20	783		US	A		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	S NO	13. WAS DECENDENT O	F HISPANIC ORN n, Mexican, Puer Specify:	PAMC ORIGIN? (Specify Yes or No— xican, Puerto Rican, etc.) 14. RACE — American inc Black, White, etc. BLAC K				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work	done during most of working	9 1	8b. KIND OF BUSIN	ESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 12th	SUPERVI	red.)		HECHING	GER			
Š	17. FATHER'S NAME (First, Middle, Last)		18. MOTH	IER'S NAME (Firs	t, Middle, Maiden Su	mame)			
BE C	JAMES BALLARD SR			MARTH	A McGII	LL			
5	19e. INFORMANT'S NAME (Type/Print) SHIRLEY A.BALLARD		RESS (Street and Number 3rd AVE 1						
	20s. METHOO OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ACE AND DATE OF DI	SPOSITION (Name of	PARK 3	ATE 20c. LOCA /6 93 H	TION — City or yatts	Town, State Ville MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				'		RAL HOME		
	Mamu & ween								
	23. PART i. Enter the diseases, or complications that caused to ahock, or heart failure. List only one cause on each	ne death. Do not e	nter the mode of dyi	ng, such as c	ardiac or respirat	lory arrest,	Approximate Interval Between		
1	iMMEDIATE CAUSE (Final disease or condition	10 01			^ 1 \ .	_	Onset and Death		
	resulting in death)	MSECHENCE OF	LORECT.	AC	HUCI	ER	8 cuos		
2	disease or condition resulting in death) a. WETASTAT DUE TO (QR AS A CO Sequentially list conditions,	PTIC S	SQUAMO	115 0	FILC.	HUCE	ER 2 1405		
ET.	If any, leading to immediate	INSEQUENCE OF):	4 0 1	V - C		The Car			
S	CAUSE (Disease or injury that initiated experies DUE TO (QR AS A CC	ONSEQUENCE OF							
CERTIFICATION	that initiated events resulting in death) LAST						İ		
Ü	PART ii. Other aignificant conditions contributing to death but	not resulting in th	e Underlying cause o	iven in Part i	24a. WAS AN AU	TTOPSY 2	4b. WERE AUTOPSY FINDINGS		
DICAL		not resulting in a	e onderlying cause g	pren m Parti.	PERFORME	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
					1 TES 2	3NO	OF DEATH?		
PHYSICIAN: ME							1 YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DE	EATH (Check only	one)				
VSIC	1 ☐ YES 2 ☐ NO HOSPITAL:		HER: Nursing Home 5 - Re	sidence 6 🗆 Of	ther (Specify)				
F	27. MANNER OF DEATH 1 Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. 0	ESCRIBE HOW INJ	URY OCCURED			
₽	2 Accident Investigation		M 1 YES 2			_			
TED	3 Suicide 8 Could not be determined 28e. PLACE QF INJURY — building, etc. (Specify)	At home, farm, street	, factory, office	26f. Li	OCATION (Street and ity or Town, State)	Number or Run	il Route Number,		
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINED: On the best of my knowledge								
8	2 MEDICAL EXAMINER: On the basis of axamination ar	id/or investigation, in							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	110	_	NSE NUMBER	2		ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Tuna Prin	1	821	/	3	2 (3		
	STEPHEN STAKE 8300	CORPO	RATE L	RC	to DOVE	ERU	10 20985		
	31. DATE FILED (Morth, Day, Year) 32. REGISTRAR'S SIGNATU	IRE	1.00						
	MAR 0 5 1963 delical	evidoon-Man	1406						
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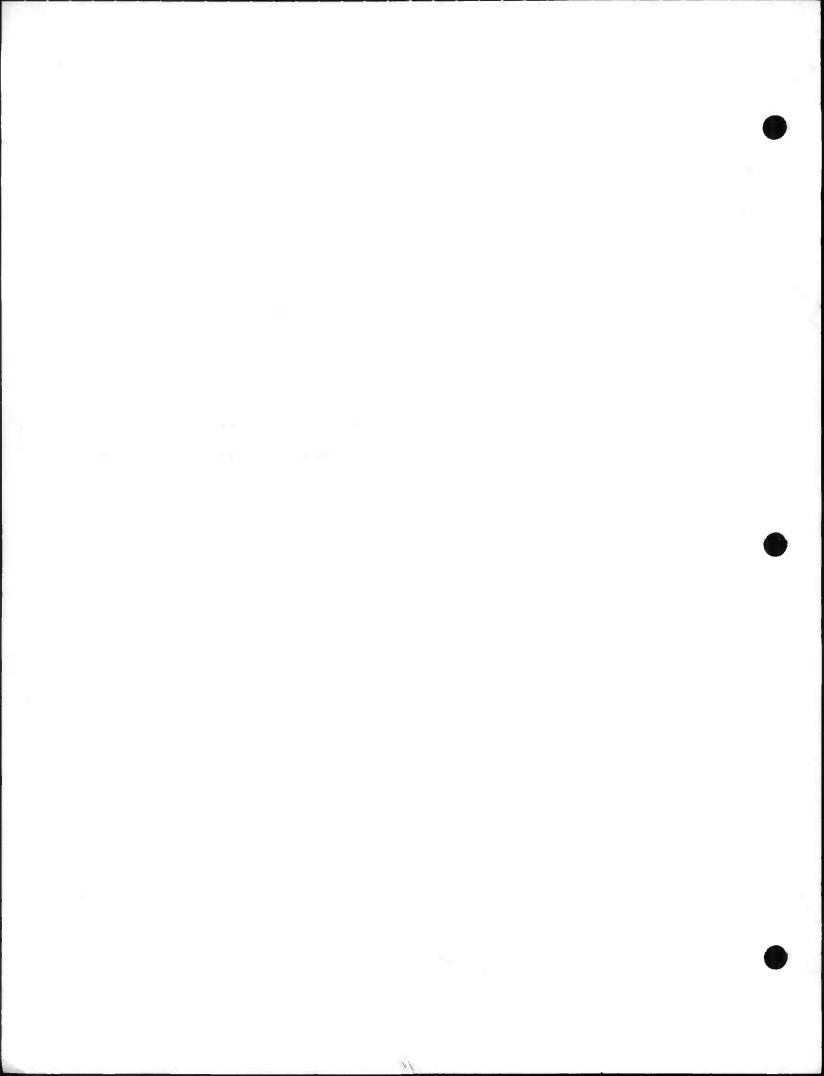
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages in the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SECRET NAME FOR CORETY NAME FOR ACCOUNTS OF A MACE FOR THE NAME OF DEATH AND ACCOUNTS AND ACCO	1 - STATE REGISTRAR	STATE OF MARYL				EALTH AND DEATH	MENTA	REG. NO.	E		
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The STREET AND NUMBER 1.2.99 ASHTON COURT APT. 2 A 1.1 MARTILL STRUE 1.2 WAS DECEMBED	100.000111	ARUNDEL				ION					LIMITS?
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St. DECEDENT'S EDUCATION The Control of the Con		IF YES, GIVE WAR OR D	ATES					riidan, atc.)		Specify:	
Elementary Reader (1912) College (1-4 or 5-1) FOOD SERKICE WORKER	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	18e. DECEDENT'S	USUAL OC	CUPATIO	ON et of working	168	. KIND OF BUS	INESS/INDUS		
TRENE BURGESS 196. MINOMANT'S NAME (Pigo-Prior) 198. MALING ADDRESS (Street and Number or Rural Poute Number City or Town, Stein, 20 Code) 199. MARINE SHIPLEY BURGES 200. METHOD OF DISPOSITION 1 XS Burde 1 2 Cremation 3 Removal Youn State 201. SCHART SHIPLEY BURGES 202. METHOD OF DISPOSITION 1 XS Burde 2 Cremation 3 Removal Youn State 203. PART LETTER THA GREEN SERVICE LICENSEE MARY LAND VETERAN CEMETERY 3 /11 /93 CROWNSVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MARY LAND VETERAN CEMETERY 3 /11 /93 CROWNSVILLE, MD. 22. NAME AND ADDRESS (Street and Number or Rural Poute Number City or Town, State 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. MIMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 24. WAS ALVESTED TO MANDE CONTROLLED DUE TO (OR AS A CONSEQUENCE OF): 25. WAS DAR REFERRED TO MEDICAL EXAMPLESS. 1 Given and Conditions 1 Given of Controlled Controlled 1 Given of Controlled			IIIe. Do NOT u	se retired.)				U.S. N	IAVAL	ACAD:	EMY
GEORGE BURGESS 196. INFORMANT'S NAME (Proprehed) 196. MALING ADDRESS (Close and Municipe or Rural Place Number of City or Sem. 25th Code) 1299 ASHTON COURT APT. 2 A ANNAPOLIS, MD. 21403 206. METHOD OF DISPOSITION 10 Subject 2 Cremation 3 Removal from State 10 Dentation 6 Other (Species) 206. PLACE AND DATE OF DISPOSITION (Name of Court of Other (Species) ANNAPOLIS, MD. 21403 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ARYLAND VETERAN CEMETERY 3/11/93 CROWNSVILLE, MD. 22. NAME AND ADDRESS OF PACILITY RESS & SONS MORTUARY, P.A. 8.21 WEST ST. ANNAPOLIS MD. 21401 23. PART I. Enter the diseased, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or respiratory errest, intervil Between onset and Dasth resulting in death) 23. PART I. Enter the disease or condition and provided of the course of the court of the course of the court of the course of the court of the course of the court of the course of the court of the course of the court of the course of the court of the course of the cour	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First.				
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE Provided REESE & SONS MORTUARY, P.A.	1 X Buriel 2 Cremellon 3 Remov	rai from State 20b	PLACE AND DATE	OF DISPOSI	TION (Na	me of	DAT	1.			
REESE & SONS MORTUARY, P.A. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, interval Between Onset and Death diseases or condition reaulting in deeth) 24. CALVE (Final diseases or condition) 25. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, interval Between Onset and Death diseases or condition reaulting in deeth) 26. CALVECTORY ESONOWS 27. ANNAPORT II. Other significant conditions. 28. PLACE OF DEATH (Phock only one) 29. CENTRED TO MANAPORT OF DATA 28. PLACE OF DEATH (Phock only one) 29. CENTRED TO MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner es stated. 29. CENTRED TO MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner es stated.			ARILAND					11/93	CROWN	SVIL	LE, MD.
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that initieted events resulting in daath) LAST d.	If any, laeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):		> 1 1	1 /	7			2 mis
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2	CAUSE (Disease or injury C.	agaret	te (N	icoh	ne) Hdo	VICH	104			>10
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		ALCO L	CONSEQUENCE OF	F):							>10
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30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) O21 A1 (Cly As B FP 201 Annoyales)	30 NAME AND ADDRESS OF PERSON WHO	APLETED CAUSE OF DE	ATH (ITEM 27) (Type)	Print)	20	1 A	nna	mile	i		
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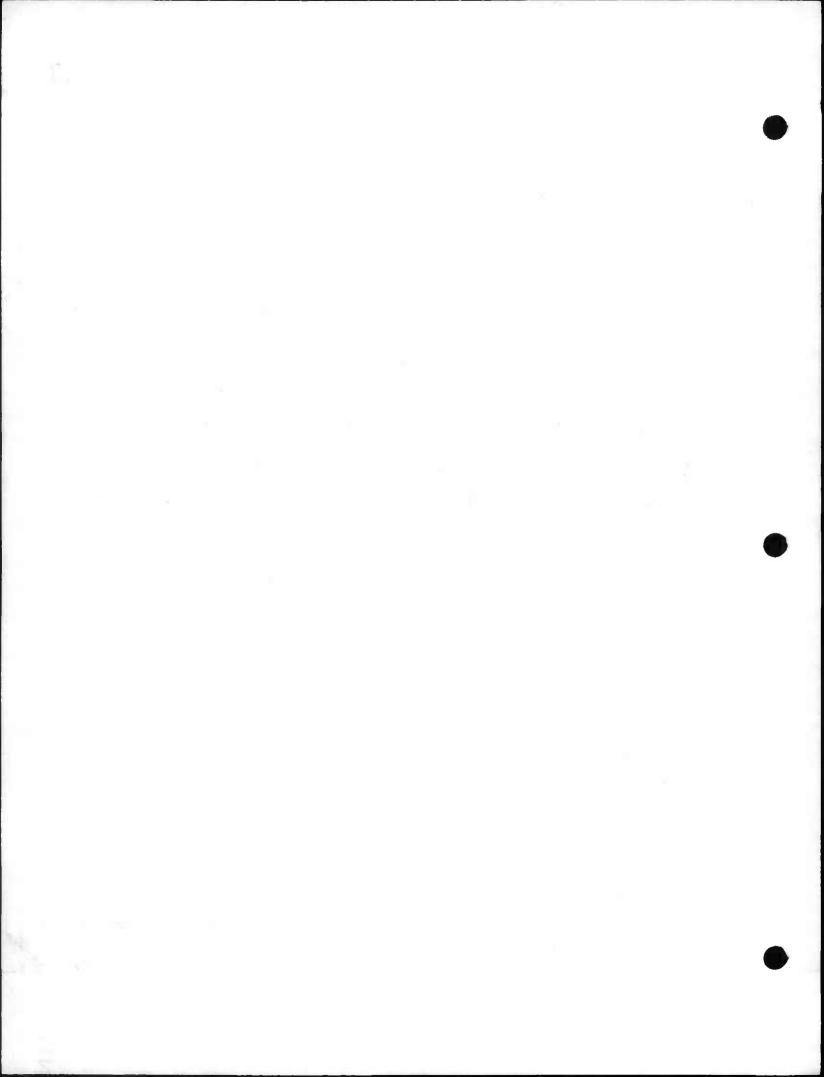
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR CHARLOTTE **EGRI** BIERN March 08 1993 6:38 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 236-50-8619 1 M 2 M 2 95 Oct. 20 1897 Hungary 9a. FACILITY NAME (if not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Arundel Medical Center Annapolis Anne Arundel 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO MD Anne Arundel Harwood FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4187 Solomons Island Road 20776 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES NO Specify: 14. RACE — American Indian, 1 Never Married 2 Married ВУ * Widowed 4 Divorced White BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Home. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) unknown must be notified at Lena Klein 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dr. Robert Biern Franklin Street Annapolis, MD 21401 20a. METHOD OF DISPOSITION
1 Duriel 2 (Cremation 3 Ref 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State incoln Crematory Brentwood, Msryland examiner 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Home E OF FUNERAL SERV 147 Duke of Gloucester St. Annapolis, MD 0 medical 23. PART t. Enter the diseases, or complications that caused the deshock, or heart failure. List only one cause on each line. that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betwe **IMMEDIATE CAUSE (Finel Onset and Death** the Acute Preunionia disease or condition_ days resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, or PART il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMAJLABLE PRIOR TO** COMPLETION OF CAUSE 1 | YES 2 10 10 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

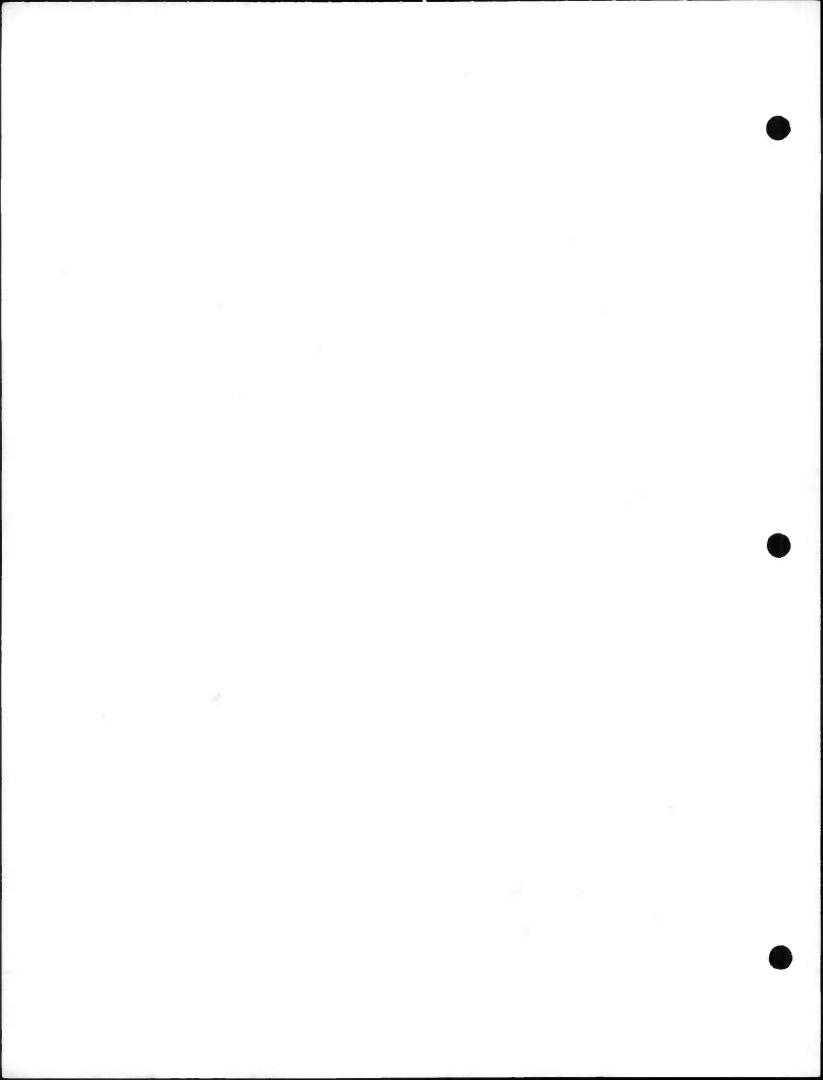
1 YES 2 NO Item 26. PLACE OF DEATH (Check only one) IE HOSPITAL OR ATTENDING PHYSICIAN: The IE FUNERAL DIRECTOR: After this certificate to within 72 hours after death with the State OMTANT: If Item 28 is marked, or Item HOSPITAL:
1 Anpetient 2 ER/Outpatient 3 DOA OTHER: DIVISION OF VI 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED Natural

Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the filme, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 HORIZANT: If IN 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATORE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D16354 MD Cusul blu 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) COLE III 32 REGISTRAN'S SIGNATURE IN DESCRIPTION OF STATE

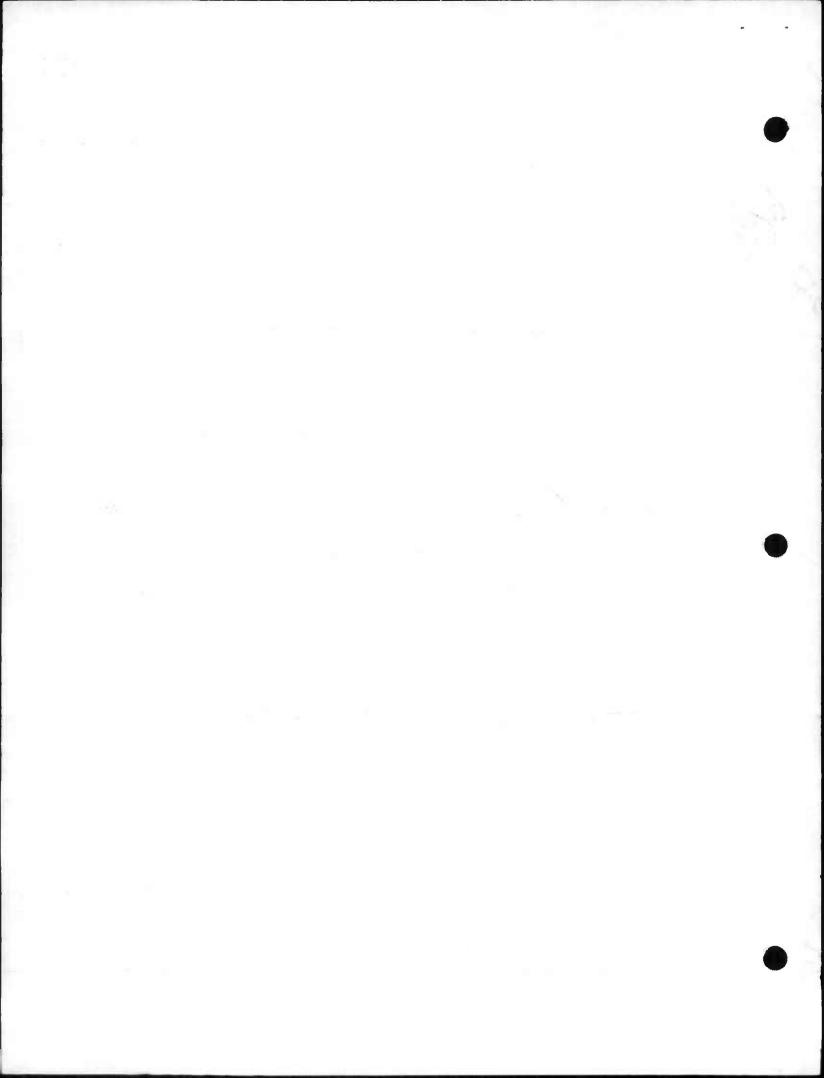


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NOO255 Keeney and Basford P.A. Funeral Home 106 East Church St., Frederick, Md. 2170 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwo Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwo Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwo Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwo Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwo Onset and Do not enter the mode of dying, such as cardiac or respiratory arrest, participant of the part of (OR AS A COMSEQUENCE OF): DUE TO (OR AS A COMSEQUENCE OF): DUE TO (OR AS			ICENSEE T	nount Uli				reder	ick, Md. 21/01
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296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 297. LICENSE NUMBER O.C.M.E 296. DATE SIGNED (Month, Day, Year) 297. LICENSE NUMBER O.C.M.E 029. DATE SIGNED (Month, Day, Year) 111 PENN STREET BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		3 Suicide 6 Could not be	26a. PLACE OF INJUR building, etc. (Spe HOME —	BCify)		fica	281. LOCATION (Street City or Town, State 4887 BLU	and Number of	
29d. LICENSE NUMBER O.C.M.E 29d. Date signed (Month, Day, Year) 30. NASIS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 111 PENN STREET BALTIMORE, MARYLAND 21201 31. Date Filed (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	MPLE	(Check only 1 CENTIFYING PHYS							
O.C.M.E O.C.M.E O.C.M.E O.C.M.E O.C.M.E O.C.M.E O2- 11- 1993 O1. Date filed (Monit, Day, Year) O1. Date filed (Monit, Day, Year) O1. Date filed (Monit, Day, Year) O1. Date filed (Monit, Day, Year) O1. Date filed (Monit, Day, Year) O1. Date filed (Monit, Day, Year) O1. Date filed (Monit, Day, Year) O1. Date filed (Monit, Day, Year) O1. Date filed (Monit, Day, Year) O1. Date filed (Monit, Day, Year)									
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31. DAYE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D			CREET BA	LTIMORE	MARYI	AND 21201
I I I I I I I I I I I I I I I I I I I				NATURE			/		au au ou V



	REGISTRAR		CERTIF	ICAI E	OF DEATH	1	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			risa	£.11:	2. DATE OF MONTH	DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-01-6572	HONY 5. SEX 6. AGE 1 № 2 □ F	(In yrs. lest birthday) 76 YRS.	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF (Month, D	ay, Year)	Country)	CE (State or Foreign
	98. FACILITY NAME (If not institution, give PENINSULA REGIONA				WN OR LOCATION OF I			MO. Y OF DEATH	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT								
Division of		rcester	100.01	Berli:					I. INSIDE CITY LIMITS? YES 2 NO
LONERAL	9 Royal Oak Di	•			101. ZIP CODE 21811		10g. CITIZE		COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes	DECENDENT OF HISPA s, apacity Cuban, Mexic YES 2 NO Spec	can, Puerto Rica	Specify Yes or No 1		American Indian, hite, atc. White
ED BY	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S	USUAL OCCUI	PATION g most of working	16b. KJ	NO OF BUSINESS/INDU	STRY	
11.11	Elementary/Secondary (0-12) 12	College (1-4 or 5+)		Clean			Clothing		
COMPLEIED	17. FATHER'S NAME (First, Middle, Lest) Bartarlo Crisa	£11111					lle, Maiden Surname)		
) BE	19e. INFORMANT'S NAME (Type/Print)	TUITI	19b. MAILING	ADDRESS (Str		se Bova I Route Number,	City or Town, State, Zip C	iode)	
2	Katherine O. Cr				Pines Ber	clin, M			
	20a, METHOD OF DISPOSITION 1 B Burlal 2 Cremation 3 Ren 4 Donation 5 Qther (Specify)		b. PLACE AND DATE metery, cremetory or o	ther place)		DATE	20c. LOCATION — CH Berlin		
	21. SIGNATURE OF TUNEITAL SERVICE LI	CENSER!	Sunset M		E AND ADDRESS OF F	ACILITY	I DOLLIN	17 110	
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one ceuse on a BUE TO (OR AS	od the death. Do death line. Tac A CONSEQUENCE O	'See	pe			İ	Approximate interval Between Onset and Deat
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE D		Cell	L Ca	neen		
	resulting in death) LAST	d							
MEDICAL	PART II. Other significant condition	Degativ	but not resulting	fect	lying cause given in		n. WAS AN AUTOPSY PERFORMED?	AVAI CON OF I	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE PREFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	S. PLACE OF DEATH (C	Meck anly one)			
	1 YES 2 NO	1° inpatient 2 D ER/Out	petient 3 DOA	4 🗔 Mursing	Home S I Residence	-	secily) BE HOW INJURY OCCU	men.	
10	1 Natural 5 Pending	(Month, Day, Weer)		JURY	WORK?				
ELED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — Al home, ferm, scryy)	street, factory,	office		ON (Street and Number or win, State)	Rurel Route	Mumber
COMPLE		ICIAN: To the best of my know ER: On the basis of examination							d manner sa stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	R , L	157		29c. LICENSE NO	JMBER	29d. DATE S	SIGNED (Mor	nte. Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WI	ID COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type	Print) 10	50 Pin	e Ri	left 1	20.	75
/	31. DATE FILED (Morith, Day, Year)	32 REGISTRAR'S SIGN	NATURE	676	elishu	xx	NIT	218	101
n	MAD 0.9 1000	Lulia Devola	W MARKET						



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CE	RTIF	ICATE OF	DEAT	Н	RI	EG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH DA			3. TIME OF DEATH		
	Leona Myrtle CHAIMSC	N					0.2	23		993	2:15P M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF B	IRTH		8. BIRTI	HPLACE (State or Foreign		
	168-18-2250 1□ № 2 🗓 F	75	YRS.	MONTHS DAYS	HOURS	MIN.	(Morith, Day 11/23/	1917	7	Will	kes-Barre,PA		
1	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATION					INTY OF D			
DIRECTOR	Doctor's Hospital			Lanha	m				Pri	nce	George's		
낊	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	ATION			-			10d, INSIDE CITY		
造	Maryland Prince George	1's	Che	everlv							LIMITS?		
A.	10s. STREET AND NUMBER		OIII		of. ZIP CODE	-	-		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	2507 Lake Avenue	1			20785	,			U.S.A.				
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARM 1 YES 2 NO	NED D				C ORIGIN? (Sp. Puerto Rican		E American Indian, k, White, etc.				
BY		WAR OR DATES				Specify:		,,		Spec			
	16. DECEDENT'S EDUCATION	16a, DEC	EDENT'S	USUAL OCCUPAT	ION		166 KINI	D OF BUS	INESS/IN	DUSTRY	White		
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Giv	e kind of w Do NOT us	vork done during m	ost of working		Total Roll	D OF B03	INC 33/IN	Dusini			
집	12		sewi	fe			Own	Hom	۵				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHE	ER'S NAM	E (First, Middle				-		
BE C	Harry H. Schneider				Cath	arin	ne Ney						
10 B	19a, INFORMANT'S NAME (Type/Print)	19b.	MAILING	ADDRESS (Street				ity or Town	, State, Zi	p Code)			
F	Donna Sakai	69	918 V	Woodstr	eam Tu	ırn.	Lanhai	m. M.	arv1	and	20706		
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removal from State	20b, PLACE A	6918 Woodstream Turn, 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)								own, State		
	4 Donation 5 Other (Specify)	Fort L	inco	ln Ceme	etery	02/2	27/93 Brentwood, Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1, 1		22. NAME A	ND ADDRESS	S OF FACI	LITY						
	I Constance	Jaseh	Francis Gasch's Sons 4739 Baltimore Avenu										
	23. PART I. Enter the diseases, or complications th	at caused the dea	used the death. Do not enter the mode of dving, such as cardiec or re						ratory ar	rest,	Approximate		
	shock, or heart fellure. List only one or IMMEDIATE CAUSE (Finel	use on each ilne.			,						Interval Between Onset and Death		
	disease or condition resulting in death)	kinski	son pluments Sph Si										
li li	QUE	O (OR AS A CONSECU	AS A CONSEQUENCE ON:										
			id gartic alcer with perito							rich & Sweet old			
NO	Sequentially list conditions.	T.S. ga	W.			VV	AS A CONSEQUÊNCE OF):						
ATION	Sequentially list conditions, if any, leading to immediate	OF AS A CONSECU	UENCE OF	· . A.	01/	0.	(100	11.		d la		
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OF AS A CONSECU	VENCE OF	o. The	af	ha	sibi	100	Jen	is t	Lymbia		
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	OF AS A CONSECU	DENCE OF	with	af	ha	aibi	100	Jen	is c	Lympton		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	fecter	500	re.	af	ha	aco.	100	Jen	is C	Lyndrice		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	fecter	500	re.	af	ha.	art I. 34a	/ O 8		240	Mene AUTOPSV FINDINGS		
DICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	feether o death but not re	S (O	re.	CLF	ha.		WAS AN PERFORM	MED?	240	MAILABLE PRIOR TO COMPLETION OF GAUSE		
DICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	fecter	S (O	re.	af	ha.		PERFOR	MED?	240	AWAILABLE PRIOR TO		
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	feether o death but not re	S (O	re.	af	ha.		PERFOR	MED?	240	AWAILABLE PRIORI TO COMPLETION OF GALISE OF DEATH?		
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PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing in the significant conditions contributing contributing in the significant conditions contributing in the	Jeel but not re	Sio sulting i	25. F OTHER: 4 Nursing No	PLACE OF DEA	ATH /Chec	t C	PERFORI	WED?		AWAILABLE PRIORI TO COMPLETION OF GALISE OF DEATH?		
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing in the conditions conditions contributing in the conditions contributing in the conditions contributing in the conditions contributing in the conditions contributing in the conditions conditions contributing in the conditions contributing in the conditions conditions contributing in the conditions condition	Jeel hour not re	Scool suiting in the second se	25. F OTHER: 4 Nursing No	PLACE OF DEA	ATH (Chec	t only one)	PERFORM YES 2 HORY K (Somer as	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF GAUSE OF DEATHY 1 YES 2 NO		
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 11 Popular 2 27. MANNER OF DEATH 1 Neturn 5 Pending Investigation 2 Sec. DATE O (Month.) 2 Accident Investigation 2 Sec. PLACE building determined 2 Sec. PLACE building (Chack only one) 1 MEDICAL EXAMINER: On the best of the contributions of the basis of the contributions of the basis of the contributions of the basis of the contributions of the basis of the contributions of the basis of the contributions of the basis of the contributions of the basis of the contributions of the basis of the contributions of the basis of the contributions of the basis of the contributions of the basis of the contributions of the c	o death but not re	S (O suitting i	25. F OTHER: 4 Nursing No. E OF WHY M 1 Image: 1	PLACE OF DEJ	ATH /Check to have to did at the ti	A crity one) 1 C Other (Spice 28d. DESCRIB 28d. DESCRIB 28d. LOCATION City or No. o the cause(s) time, date and	PERFORM YES 2 HOSy) E HOW IN I (Somer and manufacture)	MED? SHO LJURY OC and Number over as size if due to 1	r or Awal I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO		
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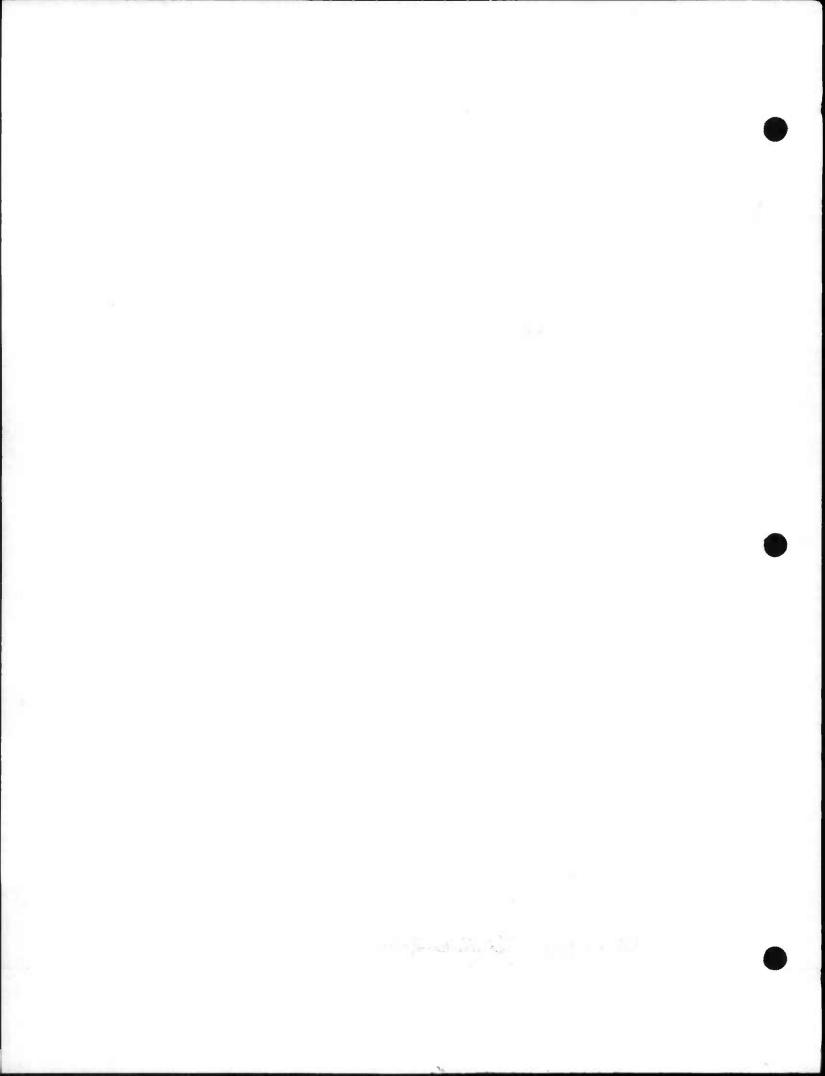
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020	law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pay	
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L RECORDS, P.O. BOX 68760,	vithin	pletely	tent of Health and Mental Hydlene prior to hurial cremation or removal
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	MP.	3S De	ant

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) RICHARD S. CROWNER 2. DATE OF DEATH 3. TIME OF DEATH 993 45 March hard 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 58 1 XX 2 - F 219-30-3411 SEPT. 19 1934 MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL 10a. STATE 10b. COUNTY 16c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ANNAPOLIS 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1852 BOWMAN COURT 21401 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 140 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes o 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 NO Specify: FORCES? 1 YES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify BY 3 Wildowed 4 Wildowed BLACK COMPLETED 16a, OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) LABORER be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BENJAMIN CROWNER EVELYN THOMPSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code 2 EKELYN SHAW 1250 WEST RIVER RD. SHAYD SIDE, MD. 20764 20g. METHOD OF DISPOSITION
1 Aburial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 23 shows any Injury, or other traumatic event, the medical examiner must ST, MATTHEWS CHURCH CEME. 3/9/93 SHADY SIDE, MD. 20764 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
REESE & SONS MORTUARY, P.A. Bees 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart fellure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ilated DUE TO (OR AS A CONSEG oronary all CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO PHYSICIAN: s certificate has 25. WAS CASE REFERRED TO MEDICAL EXAMINER? DIVISION OF VITA Item 2 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The OTHER: 1 TES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 - Nursing H ne 5 🗆 Residence 6 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with t 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural L DIRECTOR: After thi hours after death w item 28 is marke 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE FUNERAL D' be filed within 72 hc IMPORTANT: If IN MEGICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER BE 를 불 물 March 7, 1993 D0592 2 ETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 32 REGISTRAR'S SIGNATURE

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFICA	ATE OF	DEAT	Н	RE	G. NO.					
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF D	EATH			E OF DEATH	н	
- 4	Ruth Nac	mi Comph	er					Feb.	12.	199	R .	17 0	202 88	
- 1	4. SOCIAL SECURITY NUMBER	7	AGE (In yrs. lest t	irthday) E	ANDER 1 YEAR	IF UNDER 24						(State or Fore	m M	
-3	214-10-2340	1 M 2 F	92	YRS. MON			MIN, S	(Month, Day,	(T C	200	Jirg:	in to	eign	
	9e. FACILITY NAME (If not institution, give:	af he		ah.	CITY, TOWN	OR LOCATION	OF DEATH	cho.	ر ۱ و ن	9c. COUNTY		IIIIa		
DIRECTOR	416 West Patr	ick Stre	et	-	ort, rown		deri	-			deri	ck		
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CITY. TO	WN OR LOCA	THOM:			10d. INSIDE CITY					
		rederick			rede						L	IMITS? YES 2 h	NO	
FUNERAL	100. STREET AND NUMBER 416 West Pat	rick Str	eet		10	. ZIP CODE	1701			10g. CITIZEN				
3	11. MARITAL STATUS	12. WAS DECEDENT E		-D	13 WAS DE	ENDENT OF		OBIGIN2 (Ca	alfu Van a		J.S.A		_	
BY FL	1 Never Married 2 Married 3 7 Widowed 4 Divorced	FORCES? 1	YES 2 NO		If yes, sp	ecify Cuben,	Mexican, P	verte Rican,	etc.)	1 7	Black, White	erican Indiar i, etc.	n,	
COMPLETED	15. DECEDENT'S EDU	ICATION	16a. DECE	DENT'S USU	AL OCCUPATI	ON		16b. KIND	OF BUSI	NESS/INDUSTI				
<u>L</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work o NOT use reti	tone during me red.)	st of working								
APL.				Home	emake	r			-				•	
Ö	17. FATHER'S NAME (First, Middle, Last)							(First, Middle,			-			
BE	Mary Virginia Fort										er			
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADD	RESS (Street	and Number o	r Runal Route	e Number, Cit	y or Town,	State, Zip Code)			
-	Mrs. Betty C. Stull 9822 Hansonville Rd., Fred. Mc										217	702		
	20e. METHOD OF DISPOSITION DD Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	DATE 20c. LOCATION - City or Town, State Cemetery 2/15/93 Frederick, Md.												
- 1	21. SIGNATURE OF FUNERAL MERVICE LA	CENSEE)	OTIV	22. NAME AND ADDRESS OF FACILITY										
	Richard E.	Graf M	00255		Keen 106	ney & Basford P.A. Funeral Home East Church St., Fred. Md. 21701								
	23. PART i. Enter the diseases, or	complications that c	sused the deat	h. Do not e	nter the mo	de of dying	g, such as	s cardiac o	or respira	tory arrest,		Approximat		
	shock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause	2 /	/	182	1			Interval Betwo					
ď	disease or condition resulting in death)	. Ca	Medi	CONSEQUENCE OF: CERETE CONTUIS VOSCO										
	Todataly III double	DUE TO TO	AS A CONSEQU							Voscular Desare				
Z	Sequentially list conditions,	a /TT	BOENE											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEOU	CONSEQUENCE OF):										
일	CAUSE (Disease or injury	C	AS A CONSEOU	ENCE OF										
Ē	that initiated events resulting in death) LAST	JUE 10 (OF	AS A CONSECU	ENGE OF):							i			
8	West Charles and C	d									- i -			
	PART ii. Other significant condition	ns contributing to de			e underlyln	g cause giv	ven in Par	1 i. 24s.	WAS AN AL			AUTOPSY FIN		
MEDICAL		enile 1	Seme	tha					YES 25			BLE PRIOR TO LETION OF CA		
¥										•		rES 2 NO		
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
PHYSICIAN:	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 El	R/Outpatient 3	DOA 4	HER: Nursing Hon	e 5 PResident	dence 8 🗆	Other (Spec	cify)					
到	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,		86. TIME OF	28c, IN,	URY AT				URY OCCURE)			
βÁ	1 Natural 5 Pending 2 Accident Investigation	(moran, bey,	real/	INJURY		res 2 🗌	NO							
- 10	3 Suicide 6 Could not be	28e. PLACE OF III building, etc.	IJURY — At home	, farm, street	factory, offic	•	26	f. LOCATION	(Street end	d Number or Ru	ral Route Nu	ımber,		
E	4 Homicide determined	Julianity, title	· (apoony)					City or Tow	ri, ołate)					
ا ۳	29a. CERTIFIER (Check only	ICIAN: To the best of my	knowledge, deati	occurred at	the time deta	end place =	nd due to *	the councies	and mann	or se stated				
COMPLETED		ER: On the basis of exam									se(e) end m	anner ee ele	nted.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				nur-									
BE		Pemus	0			SAC FICEN	SE NUMBER	0	1	Pad. DATE SIG				
۵ ا	30. NAME AND ADDRESS OF PERSON WH	00.	F DEATH OTEM	7) (Type Drive	1	U1:	240	7		Feb	وز⊥ه	エフソろ		
		omas, Jr.				ret S	+ 17	o ho m	യൂറി	- Ma	0.7	803		
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	JWR	
	FOR	
1	STATE	
	REGISTRA	R

1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	TMENT ICATE	OF H	EALTH AND DEATH	MENT	AL HYGIEN REG. NO			01415
1. DECEDENT'S NAME (FIRST) SETH	, , , , , , , , , , , , , , , , , , , ,	lward	CH	HURCH				2. DAT	TE OF DEATH	1 9	9'3"	3. TIME OF DEATH 12:00 P
4. SOCIAL SECURITY NUMBER 214-58-49	978	5. SEX 1 🔯 M 2 🗌 F	6. AGE (In yrs. I	est birthday) YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.	1 (Mor	E OF BIRTH oth, Day, Year) 0 - 14 - 5	1	Count	IPLACE (State or Foreign ry)
98. FACILITY NAME (# not in Arundel RESIDENCE OF DEC	Genera	al Hospi	tal				Olis	EATH	4-32		nty of D	rundel
10s. STATE	10b. COUNTY	,		10c. CITY	r, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
Md.	Anne	arund	el	A	nnar							1 TES 2 NO
123 Merr	t/man	Court				101.	ZIP CODE			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN	YES 2 2		- 11	yes, spe	2014 ENDENT OF HISPA colfy Cubsn, Maxic 2 NO Spec	NIC ORIG	IN? (Specify Yes o Rican, etc.)	or No—	US, 14. RACI Black Speci	— American Indian, c, White, atc.
(Specify only	EDENT'S EDUC highest grade	CATION completed)	1	Give kind of w	vork done du	CUPATIO	N st of working	16	66. KINO OF BUS	SINESS/INC	USTRY	
Elementary/Secondary (0		College (1-4 or 5	+) ===	te. Do NOT use		1 C.	ırgeon		D .			
17. FATHER'S NAME (First, M.		.0		HILLSI	/Ura	1.5	18. MOTHER'S N	AME (First,	Priva Middle, Malden		cact.	ice
		ard Churc							lane Mai			
19a. INFORMANT'S NAME (7)			1				nd Number or Rural					
Catherin 20e. METHOD OF DISPOSITI 1 Surisi 200 Cremetto 4 Donation 5 Other	ION on 3 🗆 Remo		cemetery, c	EAND DATE O	F DISPOSIT	TION (Ner		OA	TE 20c. LO	CATION —	City or To	wn, Stats
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home Inc. 6633 Old Alexander Ferry Rd Clinton, Md20735												
OR DARFE I FELL AND A												nton, Md2073
23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in daeth)	asrt failure. I	. CARDIO	ise on each iir	IY AND	ot anter to	ha mod	de of dying, su					Approximate interval Between Onset and Death
immediate Cause (Fin disease or condition resulting in death) Sequentially list condition for the condition of the condition of the couse. Enter UNDERLY; CAUSE (Disease or injury)	ions, diata	CARDIO OUE TO CHRONI	MYOPATH (OR AS A CONSI	IY AND EQUENCE OF	FATT	ha mod	de of dying, su					Approximata interval Between
immediate Cause (Fin disease or condition resulting in daeth) Sequentially list condition if any, leading to immediates. Enter UNDERLY!	ions, MG	CARDIO OUE TO CHRONI	MYOPATH (OR AS A CONSI	IY AND EQUENCE OF	FATT	ha mod	de of dying, su					Approximata interval Between
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SHOCK, OF IN IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate cause. Enter UNDERLY: CAUSE (Disease or injust that initiated events resulting in death) LAST PART II. Other signification of the cause of the caus	ions, dilata NG ry	CARDIO OUE TO CHRONI	MYOPATH (OR AS A CONSI C ALCOH (OR AS A CONSI (OR AS A CONSI death but not	POUR TIME	FATT FATT Cother: OTHER: 4 Nursir MY M	26. PLJ 26. PLJ 10 Homes 27. INJUNE 11 Y	I V E R Cause given in	Part i.	24a. WAS AN PERFOR 1 TYPES 2	AUTOPSY MED?	24b.	Approximata interval Batween Onset and Death Onset and Death Were Autopsy Findings Available Prior to Completion of Cause of Death? 1. Yes 2 No
SHOCK, OF IN SHOCK, OF IN SHOCK, OF IN IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY! CAUSE (Disease or input that initiated events resulting in death) LAS PART II. Other signification in the cause of the cau	ons, diata NG ry T O MEOICAL Pending rovestigation rocold not be determined	CARDIO OUE TO CHRONI	MYOPATH (OR AS A CONSI C ALCOH (OR AS A CONSI (OR AS A CONSI death but not ER/Outpatient INJURY (or AS A CONSI FINJURY — At h stc. (Specify)	POUR PORT OF THE P	OTHER: OTHER: OTHER: OTHER: OTHER: In the und OTHER: OT	26. PLJ 26. PLJ 27. pg Home 28. INJU 28. INJU 29. To file 29. pg Home 29. pg H	I V E R Cause givan Ir ACE OF DEATH (C) 5 Residence RY AT RS? ES 2 NO	Part i. B Oth 28d. DE	24a. WAS AN PERFOR 1 TYPES 2 Per (Specify) SSCRIBE HOW III CATION (Street a yor Town, State)	AUTOPSY MED? NO NJURY Oct	24b. CURED or Rural F	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Of Death?
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SHOCK, OF IN IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS' PART II. Other significa 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 CANTON OR ONE 1 1 1 1 1 1 1 1 1	ons, dista NG Pending meetigation Could not be determined IFYING PHYSIC CAL EXAMINET	CARDIO OUE TO OU	MYOPATH (OR AS A CONSI C ALCOH (OR AS A CONSI (OR AS A CONSI death but not ER/Outpatient INJURY ay, Voar) FINJURY—At h stc. (Specify) my knowledge, d xemination and/or	TO AND EQUENCE OF OUR LISM EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF THE EQUENCE OF T	OTHER: A T I OT	28. PLJ 28. PLJ 29. PL	IVER Cause given in ACE OF DEATH (C) 5 □ Residence DRY AT RS 2 □ NO	Part i. B Oth 28d, DE 28l, LO City Impedded	24a. WAS AN PERFOR 1 TYPES 2 Per (Specify) SSCRIBE HOW III CATION (Street a yor Town, State)	AUTOPSY MED? NO NJURY Octand Number and attention to the state of th	24b. CURED or Rural F	Approximata interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons



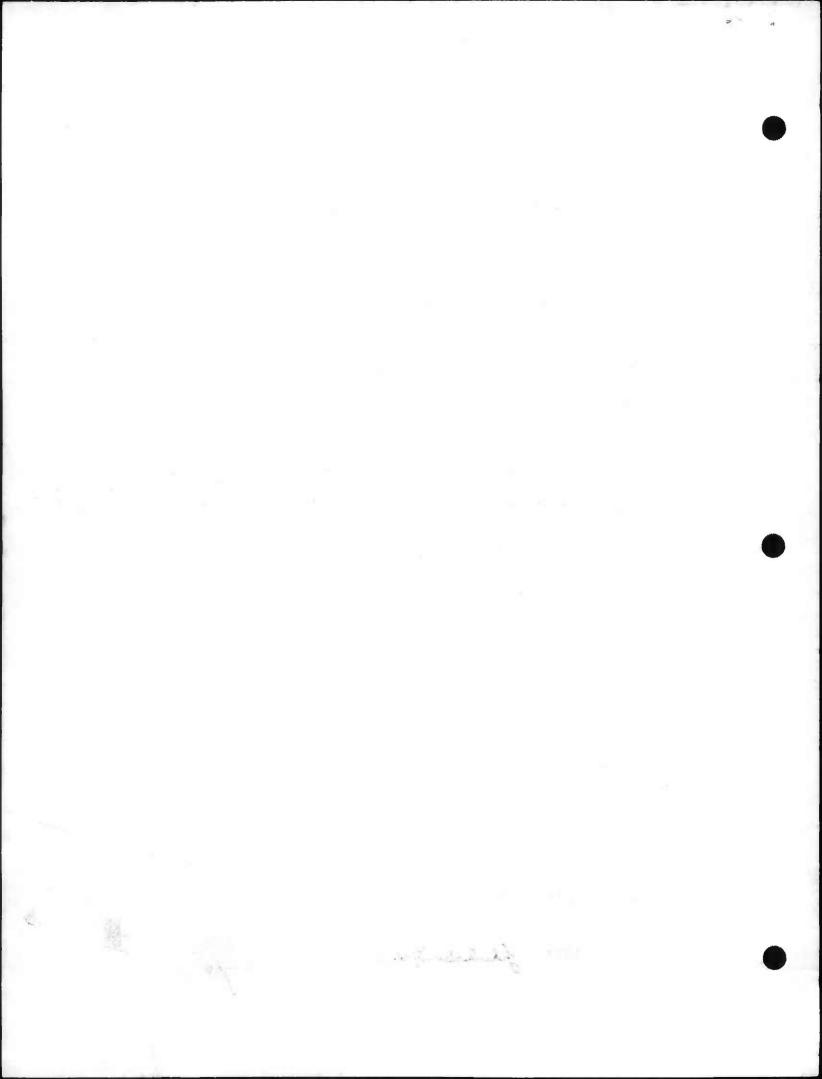
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) EB 2 5 1993

38. REGISTRAR'S SIGNATURE



A.	bur	
n. Page 6 may be retained by the hospital or attending phy-	s the	
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vithin	rema	ant,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR			ENT OF HEALTH AND	MENTAL HYGIEN REG. NO		07480
(8	DECEDENT'S NAME (First, Middle, Last) PA	SQUALE P.	De	Flavis		AY 192	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs	s. lest birthday) IF t	UNDER 1 YEAR OF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	HRTHPLACE (State or Foreign ountry)
. 1	212-22-8422 9a. FACILITY NAME (If not institution, give atre	A -	66 YRS. MON		2-25-27		Maryland
TOR	PENINSULA REGIONA RESIDENCE OF DECEDENT			SALISBURY	DEATH	WICC	OMICO
- DIRECTOR		cester	1.00	www.orlocation cean City			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	12501 Salisbur	*		101. ZIP CODE 21842		USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	□NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexic 1 YES 2 NO Specify	can, Puerto Rican, etc.)	'	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16a completed) Coffege (1-4 or 5+)	Give kind of work of the Do NOT use reti	done during most of working lead.)	School	siness/industr	
BE CON	17. FATHER'S NAME (First, Middle, Leist) Joseph DeFlavi	S		Amr	AME (First, Middle, Meiden	SSO	
2	Dorothy DeFlavis	,	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12501 Salisbury Rd., Ocean City, Md., 2184				
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	val from State cemelery	oceand date of dis y, crematory or other p		DATE 20c. LOCATION — City or Town, State Salisbury, Mo.		
	21. SIGNATURE OR FUNERAL SERVICE LICE	lelil.		22. NAME AND ADDRESS OF	ineral Home		
	IMMEDIATE CAUSE (Final	omplications that caused the list only one cause on each 5 g UALO 0 3 DUE TO (OR AS A COR	line.				Approximate Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM					
MEDICAL CE	PART II. Other aignificant conditions		ot resulting in th	e Underlying ceuse given i	n Part I. 24a, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:		28. PLACE OF DEATH (C			
ВУ РНУ	27. MANNER OF DEATH 1 Return 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW I		
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)			281. LOCATION (Street a City or Town, State)		ural Route Number,
COMPLET		IAN: To the best of my knowledge : On the basis of examination and					use(e) and manner se stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1. m.		29c. LICENSE NI		29d. DATE SIG	NED (Month, Day, Year)
_ 11	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF BEATH	ATTENDED OF DAIL				

					''	_ YES 2 _ NO
WAS CASE REFERRED TO MEDICAL	Front Lind		26	. PLACE OF DEATH	(Check only one)	
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Superlant 2 ER/Outpatient		OTHER:	ce 6 Other (Specify)		
MANNER OF DEATH Return 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJ		INJURY AT WORK? YES 2 NO	28d. DEȘCRIBE HOW INJURY OCCURED	
Suicide 6 Could not be	28e. PLACE OF INJURY At	home, farm, s	treet, factory, o	iffice	28f. LOCATION (Street and Number or Rural Rout	e Number,

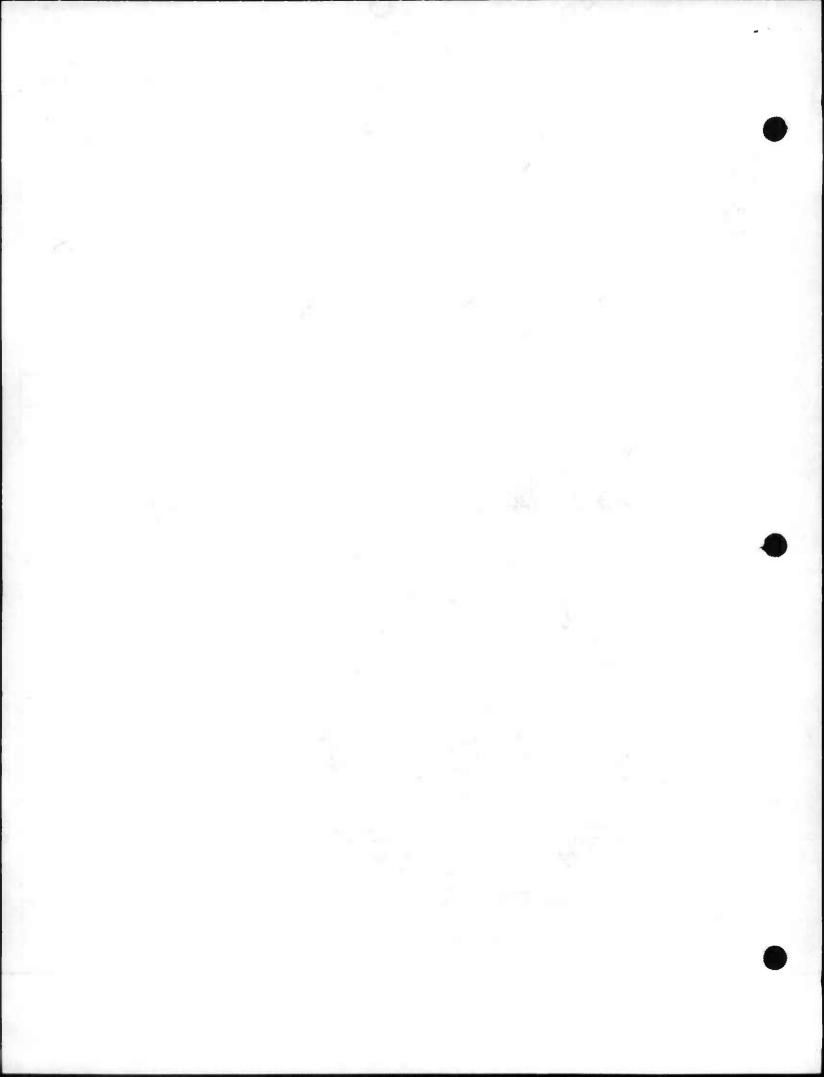
(Check only	1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
one)	2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner endorman end/or investigation.

	The same of same for the same to the same same same same same same same sam	spanion, in my opinion, wante occu	ired at the time, date and place, a	and due to the cause(e) and manno	e stated.
THE AND THE CONTROL					

96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

030690 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Martin E 32. REGISTRAR'S SIGNATURE whi Seriem Rudall MAR 05 1993



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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	should	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the boss of THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

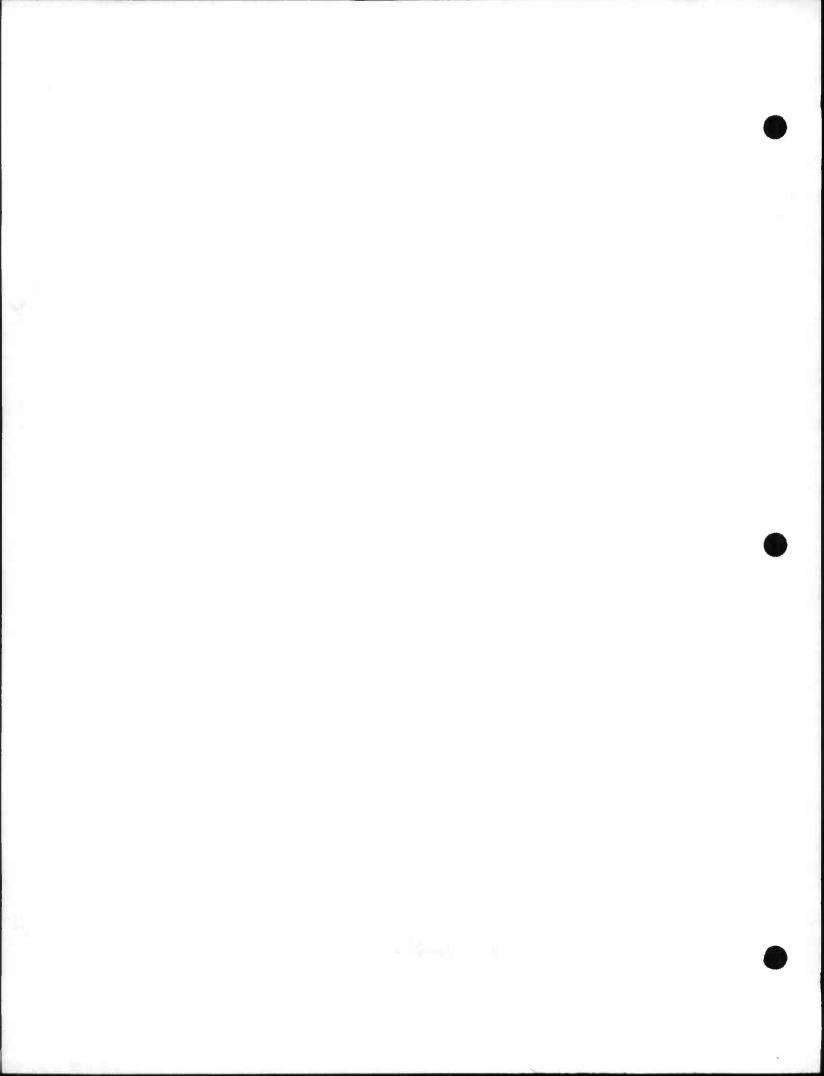
STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE	0	F DEAT	TH		REG. NO.

	1 - FOR REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIEN		3 01401
	1. DECEDENT'S NAME (First, Middle, Last)		Henri A. Delanghe			2. DATE OF DEATH MONTH DAY		YEAR 93 10 45 M
0.00	4. SOCIAL SECURITY NUMBER 176 24 7097	1 😾 M 2 🗌 F	AGE (In yrs. last birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 13 19	927	Belgium
CTOR	SO MANY MAN SIDENT SIDENCE OF DECEMENT		PITAL	121	UTDW	EATH		INCE GEORGE
L DIRECTOR	Maryland Princ	e George'	4.274.0					10d. INSIDE CITY LIMITS? 12√X YES 2 □ NO
ERA	2410 Kelford Lan	ıe.		10	20715		1	en of what country? ted States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1000 IF YES, GIVE WAR	YES 2 NO	If yes, or	ENDENT OF HISPA	NIC ORIGIN? (Specify Years, Puerto Rican, etc.) fy:		14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coffege (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATE vork done during me e retired.)	ON osl of working	16b, KIND OF BU	ISINESS/INDU	
MP		4	Editora	al Staff		Nat'1 (Geo. S	oc.
	17. FATHER'S NAME (First, Middle, Last)				l .	AME (First, Middle, Meider		
8	Gaston P. Delangh 190. INFORMANT'S NAME (Type/Print)	ie	19b. MAILING	ADDRESS (Street		ia A. Geve		Cords)
2	Mary A. Delanghe		1			wie Md. 20		
	20x: NETHOD OF DISPOSITION 1 100 Purial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE AND DATE D	F DISPOSITION (Na		DATE 20c. LC		n Md
	21. SIGNATURE OF FUNERAL SERVICE LICE	LICUMA	Pres	Beal1	-Evans F		ne, P.	Α.
	23. PART I. Enter the diseases, or co shock, or heart fellure. L	omplications that ca	used the death. Do n	ot enter the mo	de of dying, suc	ch as cardiac or resp	iratory arre	st, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR	EL CONSEQUENCE OF	7	Pen	nfally	5	Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF	Dire	Spe	and		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (DR	AS A CONSEQUENCE OF):	12	nea	7	9
7	PART II. Other significant conditions	contributing to dea	th but not resulting i	n the underlyin	g cause given in	Part I. 34a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA		MI	7				ing von	OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (C)	eck only one)		*
	1 YES 2 M9 27. MANNER OF DEATH 1 Netural 5 Pending	1 S-Inpatient 2 ER 28s. DATE OF INJI (Month, Day, Y	JRY 28b. TIME	4 Nursing Hon	URY AT PRK?	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCU	PRED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datagrammed	28e. PLACE OF IN- building, atc.	JURY — At home, ferm, s (Specify)		YES 2 NO	281. LOCATION (Street City or Town, State	end Number or	r Rural Route Number,
COMPLET			knowledge, death occurre					
	2 MEDICAL EXAMINER	: On the basic of exami	nation end/or investigation	n, in my opinion, c				cause(e) and manner as stated.
TO BE	(1000		C DE ATM ATTENDED		Mr. LICENSE NU	3 7	1	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	OCF K	F DEATH (ITEM 27) (Type, C C SIGNATURE DRUM CLOST - ROTTO	7501	SULLA	TS RD	CX	INTON MD
	31. DATE FILED (Month, Dey, Year) Z- MAR 9 499	3 Seria	Dandson-Rand	tell				

		ermit, Pages 1185 and 1	
), BALTIMORE, MARYLAND 21215-0020	ithin 24 nours after death. Page 6 may be retained by the hospital or attending physician.	tetely filled in by the funeral director, page 5 should be detached for use as the burial-transit permation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REG NO 1. DECEDENT'S NAME (First, Middle, Last) DOUGE GATES DOOLEY 3. TIME OF DEATH 2. DATE OF DEATH ESTHER YEAR 10 93 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 🗌 M 2 🖵 F DAYS HOURS 578-01-0732 90 0/29/02 Md Rerwyn 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MANYLAND DIRECTOR THOSPITAL PRINCE INTON Georbes RESIDENCE OF DECEDENT 10a STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Camp Springs 1 X YES 2 | NO Md. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20748 U.S.A. 5702 Hartwell St 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 X NO specify: White BY 1 TES 2 NO Specify: 3 🙀 Widowed 4 🗌 Divorced BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 12 2 years Bookkeeper, Mgr. Retail Sales, Furniture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frederick J. Gates Minnie Belle Scaggs 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 Eileen F. Fowler Southern Md Blvd. , Dunkirk, Md. 20754 20s. METHOD OF DISPOSITION
1613 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Emanue1 Meth. Ch. Cemetery 3/1/93 Scaggsville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gasch's Funeral Home, 4739 Baltimore Avenue tonslance Hyattsville, Md. 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) MONIA MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ARTENIOSCIENOTIC CAPLDIOVASCULAN MAILABLE PRIOR TO DISEASE COMPLETION OF CAUSE 1 TES 2 X NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 - YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Treen, State) 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(s) and menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE 185 2 25 R 73 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PHILIP DXBN HILL IXOW 20745 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ratio Davidson-Randalle MAR O 1 1993





1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH		3. TIME OF DEATH
MARY	C. Do	DRSEY			MONTH DA	Y GEAR	5237 M
4. SOCIAL SECURITY NUMBER	5. SEX 6.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRTI	IPLACE (State or Foreign
220-32-5240 De. FACILITY NAME (If not institution, gi	1 M 2 X F	9.0 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9-16-189		ryland
SOUTHERN MAR	YLAND HO	PITAL		TON, N		PRINC	/ 1/
10a. STATE 10b. COU			TOWN OR LOCAT				10d, INSIDE CITY LIMITS?
Maryland Cha	arles	Hugh	nesvil	le			1. YES 2 □ NO
Rt 1 Box 128			101	20637		10g. CITIZEN OF V	VHAT COUNTRY?
II. MARITAL STATUS	12. WAS DECEDENT 6	EVED IN II C ADMED	1 40 HMC DCC	SUBSERIT OF WEBSER	10.001011111111111111111111111111111111		
Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	YES 2 NO	If yes, sp	ecify Cuban, Maxicar 2 NO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No— 14. RACE Black Speci	- American Indian, k, White, atc.
15. DECEDENT'S E (Specify only highest gr	DUCATION	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of worl life. Do NOT use n	k done during ma etired.)	st of working	Mid-w	ife	
12	2	Nursing	3		1114	116	
7. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S		
James S. Gro	es				E. Semmb		
9a. INFORMANT'S NAME (Type/Print)	1				loute Number, City or Town		
largaret Wood]	and				: 11, Temp1	e Hills,	MD 20748
20a. METHOD OF DISPOSITION		St. Mary s	nisposition (Ne Church	Cemetery	3/12/93	Eation - city or to Bryantow	
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AP	O ADDRESS OF FAC	PILITY		
ployd (step		20605	Funeral Aquasco	Rd. Aquas	co, MD 2	0608
23. PART I. Enter the diseases, of beert fellow	or complications that c re. List only one cause	eused the death. Do not	enter the mo	de of dying, such	es cardiec or respir	atory arrest,	Approximete
IMMEDIATE CAUSE (Final	or clay one cause	on each line.		- 1	-		interval Between Onset and Death
disease or condition resulting in death)	· (A	us ulin	1 0	Level	Farle	ice .	
	DUE TO (OF	R AS & CONSEQUENCE OF):	1/1	1-121	1		
Sequentially list conditions,	My	mitell Sa	u	sul	Farle	culy	
if any, leading to immediate	DUE TO ON	AM A CONSEQUENCE OF):	-	de	·//		
cause. Enter UNDERLYING CAUSE (Disease or Injury		mola p	me	4		6	
that initiated events resulting in death) LAST		R AS A CONSEQUENCE OF		-			
	d	510					
PART ii. Other significant condit	iona contributing to de	ath but not resulting in t	the underlying	g cause given in i	Part I. 24s. WAS AN		WERE AUTOPSY FINDINGS
Dalua	la year	,			PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
9 Susta	and h	lass.			_		OF DEATH? 1 YES 2 NO
Onsila	423				_		
5. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Che	ck only one)		
1 YES 2 NO	HOSPITAL:		THER:	e 5 🗆 Residence (B Other (Specify)		
7. MANNER OF DEATH	26a. DATE OF IN. (Month, Day,	JURY 26b. TIME O	F 28c, INJ		26d. DESCRIBE HOW IN	JURY OCCUREO	
1 Natural 5 Pending 2 Accident Investigatio		11001		ES 2 NO			-
3 Suicide 6 Could not I	28e. PLACE OF III building, etc	NJURY — At home, farm, stre- . (Specify)	et, factory, office		281. LOCATION (Street at City or Town State)	nd Number or Rural R	loute Number,

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

4 Homicide

(Check only one)

31. DATE FILED (Month, Day, M

DHMH-16 Rev 1/89

261, LOCATION (Street and Number or Rural Route Number, City or Town, State)

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	23 shows any injury, or other traumatic event, the medical examiner m	
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	1 - STATE REGISTRAR	STATE OF MARY	CERTIF					IENTAL HYGIEN REG. NO	_			
100	101000	JOSEPH DA	У					2. DATE OF DEATH MONTH	av .	9°3	3. TIME OF DEATH	P
	4. SOCIAL SECURITY NUMBER 212-16-3290		E (in yrs. lest birthday) 73 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	1919	8. BIRTH County MAR	PLACE (State or Fore YLAND	ilgn
OR	9a. FACILITY NAME (If not institution, give 5 outhern M	e atreet and number) ARYCAND HE	SPITAL	96. CITY	TOWN O	HO A			9c. COU	NTY OF D	/1- /	268
DIRECTOR	10a. STATE 10b. COUR	VTY	10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY	
		ARLES	MAR	BURY							LIMITS?	10
FUNERAL	ROUTE #1 BOX 256)				2065					TATES	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO		If yes, spe	ENDENT O cify Cubar 2 X NO	, Mexican,	C ORIGIN? (Specify Yes Puarto Rican, etc.)	or No-	14. RACE Bleck Speci	— American Indian c, White, etc.	١,
COMPLETED	15, DECEDENT'S Et (Specify only highest gra	ide completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL Of	CCUPATIO during mos	N t of working	7	16b. KIND OF BUS	SINESS/IN	DUSTRY		
MPLE	7TH GRADE	NONE	ENGINEE					GOVERN	ŒNT			
_	17. FATHER'S NAME (First, Middle, Linst) WILLIAM JOSEPH D	NAV						E (First, Middle, Maiden		NC D	AXZ	
TO BE	19s. INFORMANT'S NAME (Type/Frint)	MI	19b. MAILING	ADDRESS	_			ARGURITE I			AY	\dashv
F	EMMA DAY						MARBI	JRY, MARYI		206		
	20s METHOD OF DISPOSITION 1/AJ Gurtal 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	movel from State	ob. PLACE AND DATE (emetery, cremetory or o T . CHARLE				3,	d	CATION — ZMONT		wn, Siete RYLAND	
	21. SIGNATURE OF PUNERAL SERVICE	houte NTON JOHNSON	Arsur	22.	NAME AN	DADDRES	S OF FACI	1			-	AND
CERTIFICATION	23. PART I. Enter the diseases, o shock, or heert felium immediate (Fine) disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	S. List only one cause on S. List only one cause on B. Due to lon as DUE TO ION AS	DECLUS	Cr	Dele .	Ord	liy d	oronaly	ea	La ref	Approximatinterval Bet Onset end I	ween
MEDICAL	PART II. Other significant conditions of the con	ons contributing to death Lighter many leve	toply	n the un	derlying	gause g	iven in P	nrt I. 244. WAS AN PERFOR 1 ☐ YES 2	WED?	246.	WERE AUTOPSY FINE MAILABLE PRIORI TO COMPLETION OF CAL OF DEATHY	JOE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		60		26. PL/	CE OF DE	ATH (Chec	t antronei		1		\dashv
12	EXAMINER? 1 PES 2 NO	HOSPITAL:				S [] But	idence 6	Other (Specify)				
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending	(Morth, Day, Year)		D. TIME OF 28c. INJURY WORK?			1152	RM. DESCRIBE HOW I	MUURY OCCURED			
9	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	280 PLACE DE INJUI	IY — At home, farm, a ecify)	treet, facto	1,444		1000	IBF, LOCATION (Street a City or Yourt, State)	nd Number	or Runal R	oute Number	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMII	'SICIAN: To the best of my kno	wladge, death occurre	d at the ti	me, data e	end place,	end due to	the cause(e) and man	ner as stat	ed.	and menner as stat	ed.
O BE C	296. BIGNATURE AND TITLE OF CERTIFIC	1191				29c. LICE	T 6	ER	29d. DAT	E SIGNED	(Month, Day, Year)	
	STEPHEN ONG	M LETED CAUSE OF O	EATH (ITEM 27) (Type,	Print)	111	en	1	MAI Hill	M	1 =	1745	
	31. OATE FILED MARIN, Poy Tour 93	32. REGISTRAR SOIG	HATURE PANDLE	2		1-0				Ar O	0 / 10	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at it
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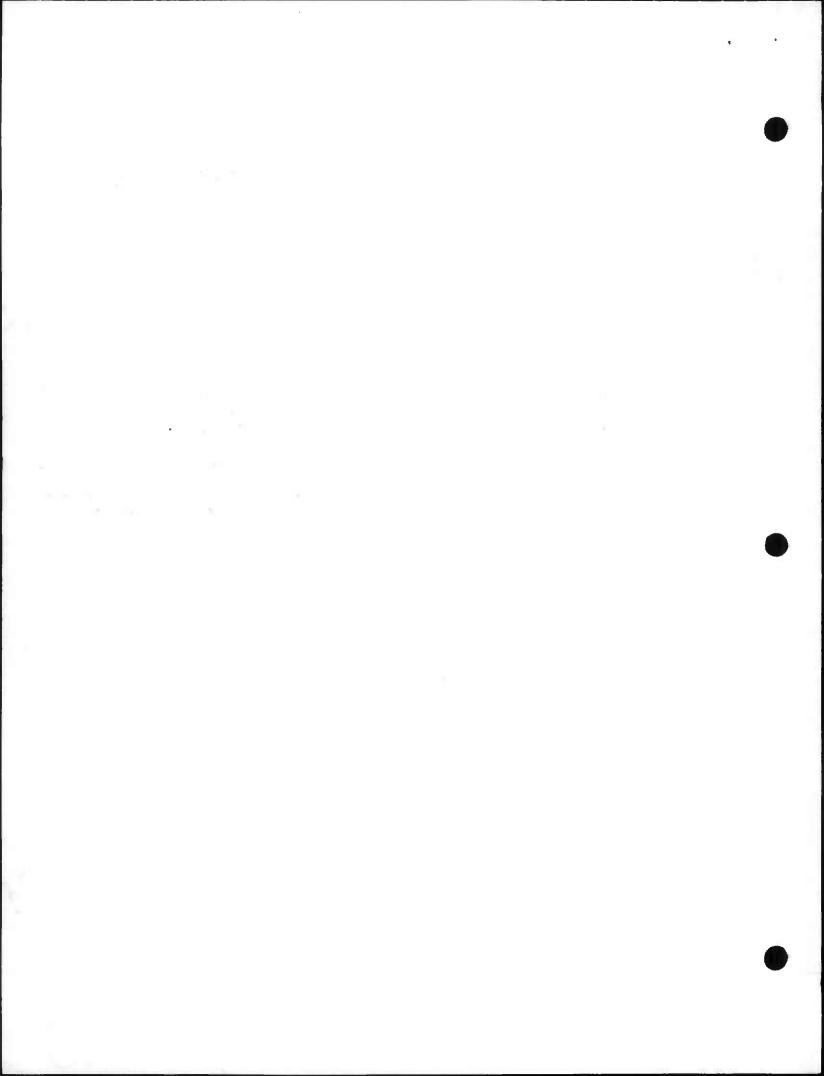
for use as the

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 03 1 3. TIME OF DEATH Rosina (nmn) Rosina DEYGUI Deyqui 1993 1.1 1:50 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Mar. 10, 1896 1 ☐ M 2 万 F DAYS HOURS Italy 215-96-9913 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CITIZENS NURSING HOME FUNERAL DIRECTOR HARFORD HAVRE DE GRACE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Bel Air 1 TES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 606 Linwood Avenue 21014 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu

1 YES 2 ND Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: White 3 🔀 Widowed 4 📋 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complet 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Home Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Benincasa ___ (Unknown) Momtessanto BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code 2 Paulette A. Harlan 606 Linwood Avenue, Bel Air, Md. 21014 20s. METHOD OF DISPOSITION

| Burlal 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE metery, cremetory or other place)
Bel Air Memorial Gardens 3–15–93 Bel Air, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditiona, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 1 NO. 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26, PCACE OF DEATH (Check only one) EXAMINER? HOSPITAL -1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Netural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 🔲 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 290 DICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1/2/ 90 3/11/ 9 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) MAR 1293 32. REGISTRAR'S SIGNATURE

gicha Davidson-Randell



	FOR
Ι.	STATE
	REGISTRAR

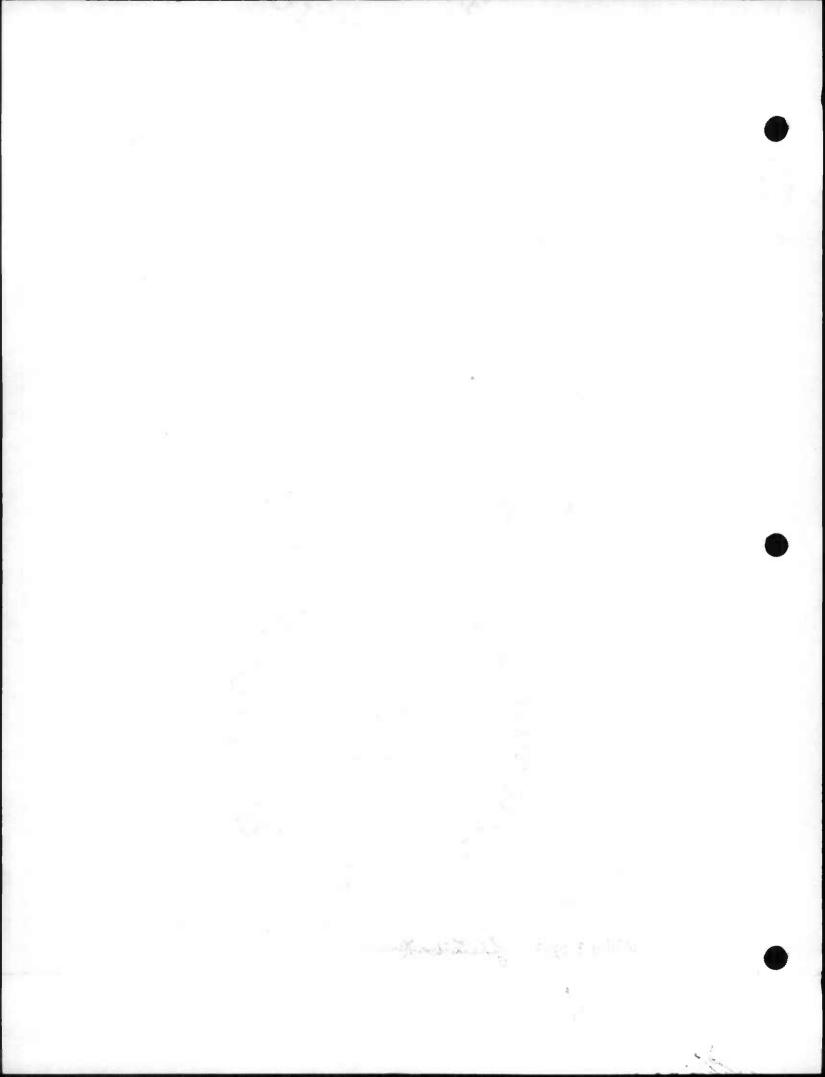
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1. DECEDENT'S NAME (First, Middle, Last) Albert Edwards 2. DATE OF DEATH MONTH DAY YEAR S. ALBERT DAY YEAR SOCIAL SECURITY NUMBER S. SEX S. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HPS. 2. DATE OF DEATH MONTH DAY YEAR S. 1993 5:00 A. M 4. SOCIAL SECURITY NUMBER S. SEX S. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HPS. 2. DATE OF DEATH MONTH DAY YEAR S. 1993 5:00 A. M February 23, 1993 5:00 A. M 5. SOCIAL SECURITY NUMBER S. SEX S. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HPS. 7. DATE OF BIRTH MONTH DAY HOURS DAYS DAY DAY DAY DAY DAY DAY DAY DAY DAY DAY		- STATE REGISTRAR		CE	RTIF	ICATE	OF	DEATH		REG. N	0.			
**SOURCE STORY TO MARKET PLANT TO COMPANY OF THE CONTROL OF THE CO			hert						MO	TE OF DEATH	DAY			
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TO SET AND HUMBERS TO SET	TOR I	7918 Livingston				1.0			DEATH		200			
To see the displace of the control	DIRECTOR				10c. CIT	Y, TOWN O	R LOCAT	ION				10d. INSIDE CITY		
Secretary Secr	<u>_</u>		s	0	xon I	_						1 TES 2 1 NO		
Secretary Secr	FUNERAL	7918 Livingston	Road		101. ZIP CODE 207						1			
September September September September September	¥	1 Never Married 2 🕅 Married	FORCES? 17 V	YES 2 H	MED O	И	yes, spe	cify Cuben, Mex	dcan, Puer		les or No—	Black	k, White, etc.	
Bed Bed	豆	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	(Gh	e kind of	work done d	CUPATIO	IN st of working		I66. KIND OF B	USINESS/II			
Bed Bed	COMPLETED		College (1-4 or 5+)	Ma.	Do NOT u	se retired.)				Cons	truc	tion		
Bed Bed	Š		•								n Surneme)			
Evelyn G. Tyler Edwards 7918 Livingston Rd. Oxon Hill, Md. 20745	BE		Edwards											
Sequentially list conditions Sequentially list conditions Due to (on as a consequence or):	2		lwards	- 1										
22. NAME CASE REFERRED TO MEDICAL EXAMINER TO 1 1 1 1 1 1 1 1 1 1		20a. METHOD OF DISPOSITION 1/ Burlal 2 Cremation 3 Remov		20b. PLACE A	ND DATE	OF DISPOSI	TION /Na	me of	0	ATE 20c.I	OCATION -	- City or To	State Own	
George P. Kalas Funeral Home 6160 0xon Hill Rd. 0xon Hill	H		HSSE /	washin	gton	Nat:	LON A	L Cem.	2/26	5/93 St	iitla	nd, M	Maryland	
22. PART I. Enter the displace, or profit failure. List only one cause on each line. Approximate Interval Between Onset and Dealth Approximate Interval Between		· Tene 110	SXal		1)								Md 20745	
DUE TO (OR AS A CONSEQUENCE OF): A significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributions PART II. Other significant conditions and contribution of the cause given in Part I. PART II. Other significant conditions contributions PART II. Other significant conditions contributions PART II. Other significant conditions contributions PART II. Other significant conditions contributions PART II. Other significant conditions contributions PART II. Other significant conditions contributions PART II. Other significant conditions contributions PART II. Other significant con		IMMEDIATE CAUSE (Final disease or condition	ist only one cause	on each line.						Λ		arrest,	Interval Between	
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1 YES 2 AHO 1 Impetient 2 ER/Outpetlant 3 DOA 4 Hursing Home 5 Arasidence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF HJURY M 1 YES 2 NO 28a. DATE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28b. SIGNATURE AND TITLE OF CENTIFE IN TH	MAN	EVALUEDO					26. PL	ACE OF DEATH ((Check only	one)				
1 Netural S Pending Investigation Suicide Homicide Scientific Check only and State S	YSIC	1 TYES 2 X HO		/Outpatlant 3	□ DOA	OTHER 4 Hurs	: Ing Hom	5 AResidenc	pe 6 □ 0	ther (Specify)				
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28b. SIGNATURE AND TITLE OF CENTRETH 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28b. SIGNATURE AND TITLE OF CENTRETH 28c. LICENSE HUMBER 29c. LICENSE HUMBER 29d. DATE SIGNED (Month, Day, Year)	H	1 Natural 5 Pending				URY	WO	RK?	28d. [DESCRIBE HOW	INJURY O	CCURED		
(Check only 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25b. SHONATURE AND TITLE OF CERTIFE IN THE DESCRIPTION OF THE DE	TED BY	3 Suicide 6 Could not be	28s. PLACE OF IN building, etc.	28a. PLACE OF INJURY — At home, farm, stree building, etc. (Specify)										
D28361 > 2.24.93	COMPLETED	(Check only 1 A CERTIFYING PHYSIC											i) and manner as stated.	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	닒	296. SHOMATURE AND TITLE OF CERTIFIER	J	29c. LICEHSE HUMBER			P34	29d. DATE SIGHED (Month, Day,						
Ambrich V Cunto M.D. 611 S. Conlin Cont. B. MEO. A. 1. W. Cont.	٩	Ambrich V Cup	to M D			,	C	D 1	иг	0/ 4	1 .	**	00111	
Ambrish K. Gupta, M.D. 611 S. Carlin Springs Rd. #504. Arlington, Va. 23111 31. DATE FILED (MORP), Day, Year) MAR 0 1 1993 32. REGISTRAT'S SIGNATURE Finds Control of Contro		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	S	11n	pr:	rugs kd	• #5	04, Ar	llngt	on Va	a.23111	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

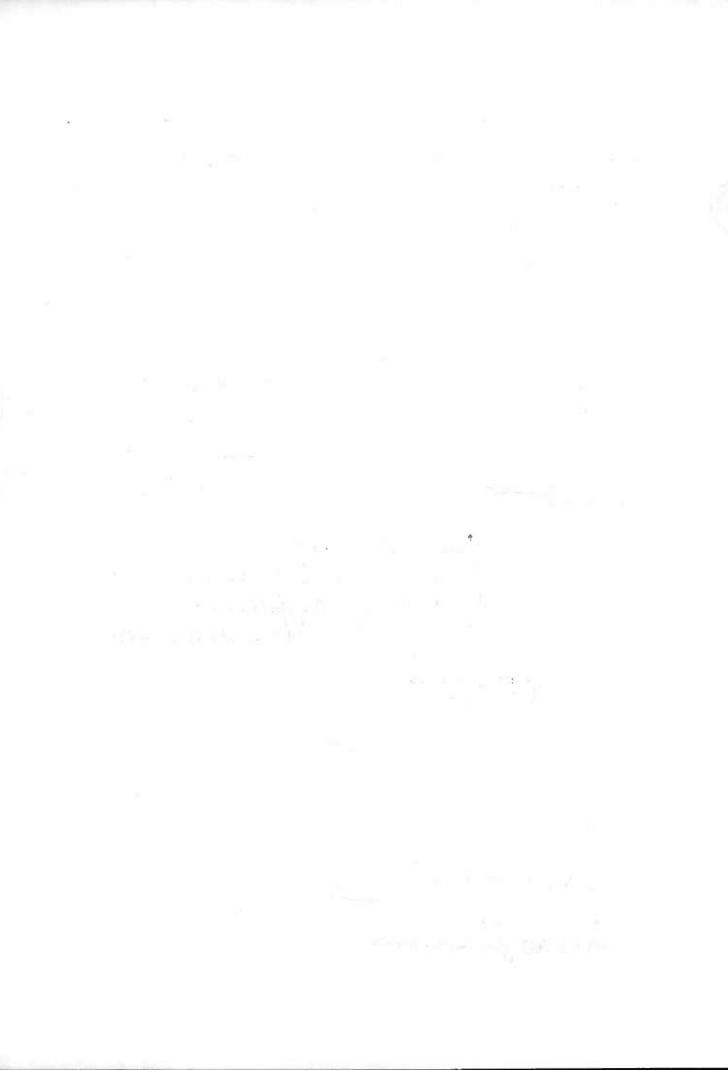


	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH A	AND MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH		
1	_M Marie Edele	n			2. DATE O MONTH	3 / 8	/ 5°3	3:25p M		
	4. SOCIAL SECURITY NUMBER 5	4 HRS. 7. DATE OF	F BIRTH	/	RTHPLACE (State or Foreign					
	216160083	1 □ M 2 Ø F	Q 7 YRS. MON	THE DAYS HOURS	MIN. (Month,	196	Co	unity) aryland		
	9a. FACILITY NAME (If not institution, give stree	of and number)	71	CITY, TOWN OR LOCATION			9c. COUNTY O	-		
E E	Southern Md Hos	pital Cen		Clinton			P.G.	CAIN		
5	RESIDENCE OF DECEDENT			CITITON			1.0.			
뿐	Maryland Charle			WN OR LOCATION				10d. INSIDE CITY		
ā		<i>:</i> S	Wa	ldorf				10d. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL DIRECTOR	10e. STREET AND NUMBER			10f. ZIP CODE			-	F WHAT COUNTRY?		
ij	Box 93 Gardner R	load		206	01		USA			
5	11. MARITAL STATUS 11. 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF If yes, specify Cuban,	HISPANIC ORIGIN?	(Specify Yea or	r No — 14. R/	ACE — American Indian, lack, White, atc.		
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 YES 2 1 NO		all, 4(C.)		pecify:		
	16. DECEDENT'S EDUCAT	TION	16- DECEMENTS HOW					Black		
ETE	(Specify only highest grade con	mpleted)	(Give kind of work of life. Do NOT use retir	one during most of working	16b. K	IND OF BUSIN	NESS/INDUSTRY			
PL	12th	College (1-4 or 5 +)	Homema	kor		Domes	atio			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		пошеща		R'S NAME (First, Mid		0000			
	Charles H. Bow	ama n		- 1	roline		nnanno)			
BE (19a. INFORMANT'S NAME (Type/Print)	, man	19b. MAILING ADD	RESS (Street and Number of			State Zin Codel			
5	James Edelen			Gardner						
	20a, METHOD OF DISPOSITION	20b.	PLACE AND DATE OF DIS	POSITION (Name of	DATE	200 1 000	TION ON	Oltre on Town Contr		
	1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	from State ceme	Peter s	Catholic	Ch 3/12	193 I	Na 1 dor	f, Marylan		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	e 0	a \	22. NAME AND ADDRESS	OF FACILITY					
	· Loud	mx	ton)	Adams F						
	23. PART I. Enter the diseases, or com	nolications that caused	the death. Do not a	Aquasco	Koad,	Aquas	sco, M	laryland		
	SHOCK, OF HEART TEHUTE. LIS	t only one cause on se	ch lime.		y, such se cardia	c or reapmen	tory arreat,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Concluse	linta	at 15	Atas	1.0	1100	Onset and Death		
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death									
2		Carde	re a	when the	må					
흔	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		- /	_				
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	Conge	strin.	Heart F.	relier	~		!!!		
=	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	*						
CERTIFICATION	resulting in death) LAST	orle	osell	lares	,					
	PART II. Other algnificant conditions c	ontributing to death bu	it not resulting in the	underlying cause ob	ran in Part I I a	4a. WAS AN AU	TTOBEY O	4b. WERE AUTOPSY FINDINGS		
CAL	severe human	natriner	delini	tion	on in Fait i.	PERFORME		AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	I watersolve	RI Men:	1	1	1	YES 2	NO	DF DEATH?		
Σ	They the	1.41	and the	myram	1			1 YES 2 NO		
A	26. WAS CASE REFERRED TO MEDICAL	meet,	sugur	28 BLACE DE DEA	TH (Check only one)					
PHYSICIAN:		IOSPITAL:		HER:						
Ä	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Reak			URY OCCURED			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?			om cocomes			
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY	At home, farm, street,			ION (Street and	Number or Run	al Route Number.		
H	4 Homicide detarmined	building, atc. (Specif	y)		City or	Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowle	dae death nourmed at t	he time data and class a						
M	(Check only one) 2 MEDICAL EXAMINER: C	On the basis of examination	and/or investigation, in	my opinion, death occured	at the time date an	(s) and manne	or as ataled.	e/e) and manner on eleted		
	305 SIGNATURE AND TITLE OF CERTIFIER		Order Carreston IIV							
B	(A Let Mr.	1 0,10	tunn	29c. LICEN	SE NUMBER クマフィ	2	Ped. DATE SIGN	ED (Mojith, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Time Drive)	100	5) /		-3/0	1472		
	118 LA GRANGE	AV. LA	PLATA.	MO 2.	0646			Ì		
	31. DATE FILED (Morth, Day, Yber) MAR 1 1 '93	32. REGISTRAR'S SIGNAT	TURE Roman							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALT		NTAL HYGIEN		07700
	1. DECEDENT'S NAME (First, Middle, Last)		T.N.		1.7	DATE OF DEATH MONTH PA	· 4.75	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ROSE IRENE ELLINGHAUSEN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list birthday) 15 UNDER 1 YEAR 15 UNDER 24 HRS.						BIRTHPLACE State or Foreign
	214-05-0203	1□ M 2√X 97	YRS,	THS DAYS HOUR	J	(Month, Day, Year) an. 08 1	896 Ma	vryland
DIRECTOR	90. FACILITY NAME (If not institution, give) Pleasant Living RESIDENCE OF DECEDENT		1	Edgewate			Anne A	of DEATH Vrundel
Ĕ	MD Anne	. Arundel		own or Location gewater				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Transce	Lu	101. ZIP CI	DDE		10g. CITIZEN	1 YES 2 TYPO OF WHAT COUNTRY?
FUNERAL	3828 Muddy Cre	-			1037			ed States
à	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE		13. WAS DECENDEN If yes, specify Co	iben, Mexican, Pi	ORIGIN? (Specify Yee uerto Rican, etc.)		RACE American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Homemak	done during most of wo lired.)	rking	16b. KIND OF BUS		RY
NO.	17. FATHER'S NAME (First, Middle, Last)		nomenaci		OTHER'S NAME (First, Middle, Malden	Home Surname)	
BE C	Alfred B. Cole	,				ce P. Hav		
٩	190. INFORMANT'S NAME (Type/Print) Helen Nicholso	n		ness (Stroot and Num uddy Cree!		Edgewate	er, Mar	yland 21037
	20a, METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Real 4 Denation 5 Other (Special	noval from State	place and date of d tery, cremetory or other, dar Blukk	ISPOSITION (Name of place)	02 11	1	CATION - City	or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE L		aut Stann	22. NAME AND ADD	RESS OF FACILIT	John M.	Taylor	Funeral Home apolis, MD
	23. PART I. Entar the diseases, or shock, or heart fellure	complications that caused. List only one cause on as	tha death. Do not o					Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	· au	by Hu	inA	•			Interval Between Onset and Desth
NO	Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): VIEW COUNTY Sequentially list conditions.							
CAT	if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OGE TO FOR AS A	rull	1 des	tuen	~ `		
CERTIFICATION	thet initiated events resulting in death) LAST	d. Crewer	CONSEQUENCE OF :	wsiler	nc h	ueri d	EME	2
ا ل _ا	PART II. Other significent conditio	1 1 2	/	ne underlying caus	given in Pari	t I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC		Lipe Hyrua	lism			1 🗆 YES 2	XXXX	COMPLETION OF CAUSE DF DEATH?
		· · · · · · · · · · · · · · · · · · ·						1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PLACE OF	DEATH (Check o	only one)		
HYS	1 ☐ YES 2 ☐ NO 27. MANNER OF DEATH	1 inpatient 2 ER/Outpar	199 JOA 4 B	Nursing Home 5 28c, INJURY AT		Other (Specify) d. DESCRIBE HOW II	JURY OCCURE	D
à	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could on he	(Month, Day, Year) 28e. PLACE OF INJURY -	- At home farm stree	M 1 YES 2		LOCATION (Street	and Alembas as Di	Data Mark
ETED	4 Homicide datermined	building, etc. (Specif	v)	, wotory, office	200	t, LOCATION (Street a City or Town, State)	no Number of Hi	rrai Houte Number,
COMPLETED	One) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowle ER: On the beele of exemination						ise(e) and manner se stated.
#	296. SIGNATURE AND TISKE OF CENTIFIE	in			CENSE NUMBER			NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEAD	Didagay A		208314	UD 014		ch 08, 1993
	31. DATE FILED (Month, Day, Year)	A. M. D. 205 32. REGISTRAR'S SIGNAL 33. Juha Davidsor	TURE	venue Ani	rapoxis	, IND 2141	U I	
	MAR 1 1 199	33 Juha Davidson	Manage					DUMAN 48 Day 4900





31. DATE FILED (Month, Day, MAR 1 1

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R NAC	13 T A		STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	REG. NO	iE		
		SARAH	Milda E	STEP			2. DATE OF DEATH DO NO	9 9	YEAR 3.	6:15 Pm
₽ ≥		215-82-5693	☐ M 2 🔯 F	(In yrs. lest birthday) 76 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) 10-4-19	16	Chel	ce (State or Foreign tenham M
	TOR	90. FACILITY NAME (If not institution, give stree SOUTHERN MARY RESIDENCE OF DECEDENT		SPITAL		CLINTO			VE (ECR6ES
F 29	DIRECTOR	10e. STATE 10b. COUNTY Maryland Princ	e George		y, town on Loca eltenha				1 -	I. INSIDE CITY LIMITS? YES 2 X NO
physician. burial-transit permit. Pa	FUNERAL	10a. STREET AND NUMBER 10850 Crain High				11. ZIP CODE 20623		U.S	en of what	COUNTRY?
attending physician. se as the burial-tran	В		2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, s	cendent of Hispan pecify Cuban, Mexice 8 2 X NO Specify	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)			
spital or att	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 1 2		18e. DECEDENT'S (Give kind of ville. Do NOT us) Houses	work done during m se retired.)	ON ost of working	186. KINO OF BUS			
8 8 E	l iii l	17. FATHER'S NAME (First, Middle, Last) Charles Rawlings 18. MOTNER'S NAME (First, Middle, Maiden Surname) Pearl Colbert								
y be retained age 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Oscar Elward Est	ер				Route Number, City or Town			623
2 2		20e_METNOD OF DISPOSITION 1	from State	PLACE AND DATE OF THE CONTROL OF THE	rer place) Le Chui	ema of cch Cem.	OATE 20c. LO 3/12 Br	cation - ci	-	
ter death. Page 6 m. the funeral director, val.		Benjamin M. M	Box 156	neral Ho Waldorf	, Md	. 200	504			
ted within 24 hours after completely filled in by th ial, cremation, or remove event, the medical										Approximate Interval Between Onset and Death
ecuted ind com burial, atic ex	CATION	Sequentially list conditions, if any, leading to immediate	CORON		ARTI	ERY D	ISEASE			
th certificat ending phy I Hygiene p or other	CERTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	·):					
that the ned by the th and M any Inju	MEDICAL C	PART II. Other algorificant conditions of SEPTICE MIA. RENAL F.)	ontributing to death b	ut not remulting i	n the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR	MEO?	CON OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION DE CAUSE DEATN?
N: The law requires icate has been sign State Dept. of Heal	SICIAN: N	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Che	ack only one)		1	YES 2 X NO
YSICIAN: The scertificate the the State of Item	PHYSIC		OSPITAL: Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN.	ne 5 Residence	8 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCU	RED	
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his nours after death with the State Ditem 28 is marked, or Item	ВУ	1 Natural 5 Pending Accident Investigation	28e. PLACE OF INJURY building, atc. (Spec	- Al home, farm, a	M 1 🗆	PRK? YES 2 NO	28f. LOCATION (Street a City or Town, Stete)	and Number or	Rurel Route	Number,
DIR Hour	COMPLETED	29e. CERTIFIER (Check only one) 2 IMEDICAL EXAMINER: C	N: To the best of my knowl On the basis of examination							manner es stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	relun			29c, LICENSE NUM				ith, Day, Year)

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NO 8926 (DOODYARD)

32. REGISTRAR'S SIGNATURE
Sulia Deviden R

DHMH-16 Rev 1/89

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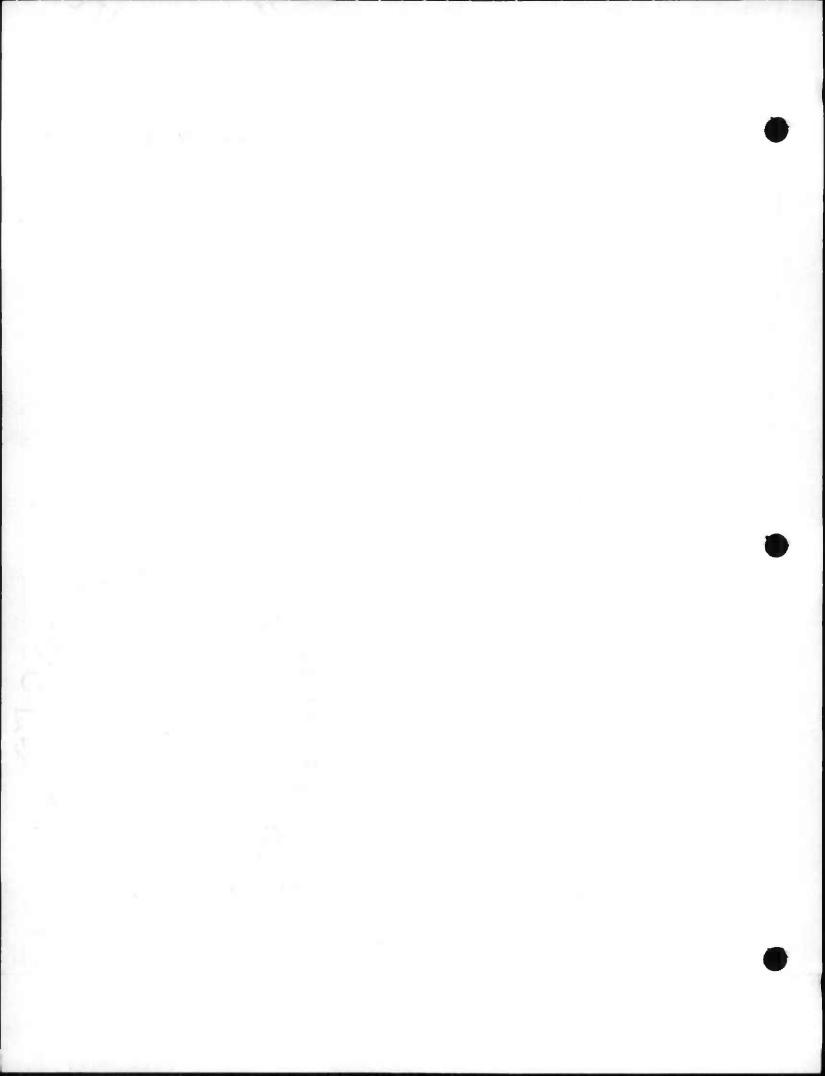
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ician.	al-transit per		
ending phys	as the buris		
spital or atte	ed for use		
by the hos	d be detach		st once.
be retained	ge 5 should		e notified
age 6 may	director, pa		er must b
ter death. P	the funeral	oval.	al examin
24 nours at	filled in by	ilon, or remi	the medic
ruted within	I completely	ırial, cremat	Ic event,
cate be exec	hysician and	e prior to b	er traumal
VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	attending p	ental Hygien	ry, or oth
s that the	and by the	afth and Me	any Inju
e law requir	has been sli	Dept. of He	23 show
ISICIAN: Th	s certificate	th the State	d, or Item
ENDING PHY	R: After this	er death wit	is marke
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit perm	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TIYSOH 3H	HE FUNER	ed within 7	ORTANT:
101	10	be fi	MP

									E. EE.
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMI				GIENE 9	3 0	7490
1		nnette Ellis				2. DATE OF DE MONTH 02		YEAR 3.	3 OO A M
	212-23-7302		= YRS. HON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 11/19/	(bar)	Country)	ACE (State or Foreign
OB	9a. FACILITY NAME (If not institution, give stre Frederick Memorial			erv, town o	R LOCATION OF DE	ATH	9c. COUN	Fred	derick
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland Wash	ington	10c. CITY, TO	WN OR LOCAT	ION			11.00	d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 19316 Keep Tryst R	load		101	21758		10g. CITIZ	EN OF WHA	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☐ YES IF YES, GIVE WAR OR DATES		If yes, spe	ENDENT OF HISPANI celfy Cuban, Mexican 2 NO Specify.	, Puerto Rican, e		Black, W	American Indian, Inite, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G. College (1-4 or 5 +)	CEDENT'S USUA he kind of work of Do NOT use retic	ione during mo red.)	N st of working	1000	of Business/INDU ning Tre Center		/ Care
BE CON	17. FATHER'S NAME (First, Middle, Lest) Robert Lee Kaetze	1					rst, Middle, Maiden Surname) 2 McClellan Nuice		
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural R				750
	David Lee Ellis 200. METHOD OF DISPOSITION	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of					VIIIE, M		
3	1 N Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Refor	metory or other pi	netery			Knoxvill		
	21. SIGNATURE OF FURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John T. Williams Funeral Home 100 Petersville Rd., Brunswick, MD					⊕ 21716			
	23. PART I. Enter the diseases, Dr co-shock, Dr heert fallure. Li IMMEDIATE CAUSE (Finel disease Dr condition resulting in deeth)	omplicatione that caused the delet only one ceuse on each line OUE TO (OF AS A CONSE	TV						Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC							
RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
EDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO COMPLETION DE CAUSE OF DEATH?								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL HER:	ACE OF DEATH (Che	ck only one)		1	YES 2 NO
PHYS	1 Pres 2 PNO 1 Present 2 PR/Outpathent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dev. Ver) 28. DATE OF INJURY AT WORK? 28. INJURY AT WORK?						JRED	-	
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	M 1 TES 2 NO JURY — At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			e Number,
building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time.									nd menner as stated
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	tradical 1	110		29c LICENSE NUM				onth, Day, Year)

296. SIGNATURE IAND TITLE OF CERTIFIER HIGHE 29d. DATE SIGNED (Month, Day, Year)

2/11/93 29c LICENSE NUMBER 111

M.D., 700 Monclaire Ave., Frederick, MD 21701 Robert Hughes, 31. DATE FILED (Month Day, 16ar)



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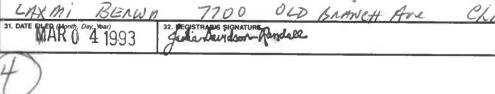
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IND THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLICERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1 the funeral with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 17491 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) James J. · Fleming YEAR 2. DATE OF DEATH 4 SOCIAL SECURITY MUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 X M 2 - F 164-10-4010 YRS. 84 Sept. 4,1908 Phil 9a. FACILITY NAME (# not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MAR DIRECTOR PITAL MINCE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Ft. Washington 1 YES 2 100 FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 12021 Livingston Road 20744 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Caban, Mexican, Puerto Rican, 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Unavailable Unavailable Clerk Retail Store 17. FATHER'S NAME (First, Middle, Last)

James P. Fleming 18. MOTHER'S NAME (First, Middle, Maiden Surname) Kathryn Bry BE 19a. INFORMANT'S NAME (Type/Print)
Anne Marie Fleming 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6735 N E Hancock Portland OR 97213 20s. METHOD OF DISPOSITION

State 2 Cremation 3 Removal from State 1 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Westminster Cemetery 3 B 93 Philadelphia, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE, 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md20735 Mann 23. PAHT V Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting In death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be detarmined 4 Homicide 29a. CERTIFIER (Check only | 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, BE



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)

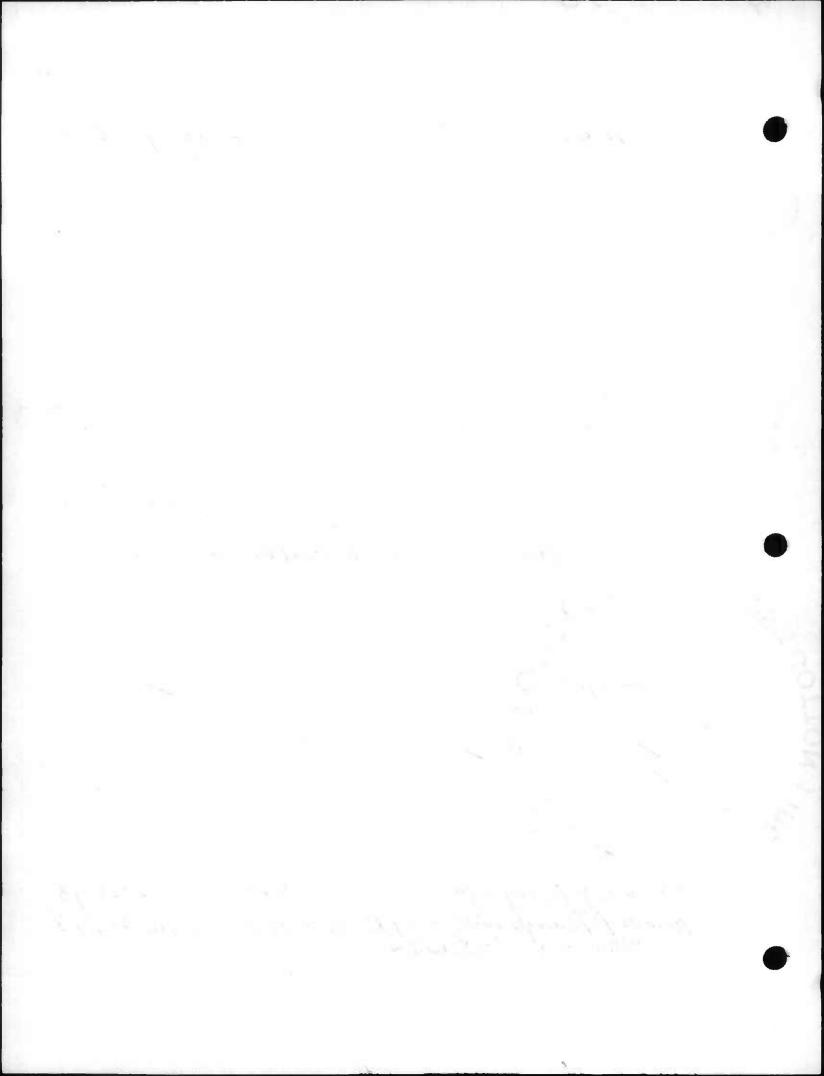
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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit p, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	OF	MARYLAND	/ DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
			CERTIFICAT	E O	F DEAT	ГН		REG. NO.

	1 - FOR STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH CATE OF DEAT		AL HYGIENE REG. NO.				
- Action	1. DECEDENT'S NAME (First, Middle, Last) NOBLE Gross		2. DA	TE OF DEATH DAY DAY DAY DAY	YEAR 3. TIME OF BEATH			
	213-09-8049 1√2 M 2 □ F 88 YRS. M	213-09-8049 17 M 2 - F 88 YRS. MONTHS DAYS HOURS MIN. 8 (MOITS) - 1957 04 ME						
TOR	Prince George's Hospital Ctr. RESIDENCE OF DECEDENT	ce George's						
Prince George's Hospital Ctr. Cheverly Prince RESIDENCE OF DECEDENT 10a. STATE Maryland Prince George's Forestville Prince George's Forestville								
FUNERAL	10. STREET AND NUMBER 1215 Eastwood Drive	10f. ZIP CODE	20747		N OF WHAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS OECENDENT O	F HISPANIC ORIG n, Mexican, Puer Specify:	SIN? (Specify Yes or No.— 14 to Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	IS, OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary(Secondary (0-12) College (1-4 or 5+) 7 th grade Farme	rk done during most of working retired.)	9	66. KIND OF BUSINESS/INDUS				
	17. FATHER'S NAME (First, Middle, Last) James R. Gross			, Middle, Maiden Surname) Jackson				
TO BE	19a. INFORMANT'S NAME (Type/Print) Margaret S. Gross (daug.) 1215	Eastwood	or Aural Aouto No Drive	mber, City or Town, State, Zip Co Forestvill	e, Md. 20747			
		tion Ceme	tery2/		ton, Maryland			
	21. SIGNATURE OF FUNEYAL SERVICE DICENSES			ral Home, ace, N.E.	Inc. Wash. D.C.200			
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):				Interval Between Onset and Death			
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in	the underlying ceuse g	lven in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1940	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
SICIAN		26. PLACE OF O						
	27. MANNRR OF OEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME (Month, Day, Year)	OF 28c, INJURY AT WORK? M 1 YES 2	28d. 0	PESCRIBE HOW INJURY OCCUI	REO			
2 Accident Investigation 26 PLACE OF IMPIREY. As how down days days distributed in the control of the control o					Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation,							
H	HUSURA PROMISER		NSE NUMBER		SIGNED (Month, Day, Year)			
2	NAME AND ADDRESS OF FERSON WHO COMPLETED CAUSE OF OBATH (ITEM 27) (Type, P. NOW STEP P. RILLING W. ZAND, 5009 M.	Payshum	Of a	a Som Mis	207408			
	31. DATE FILED MONTO DON MANY 1993 32 HEGIPTHAR'S SIGNATURE MAR 0 5 1993 32 HEGIPTHAR'S SIGNATURE RENDER	2	7	1100				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

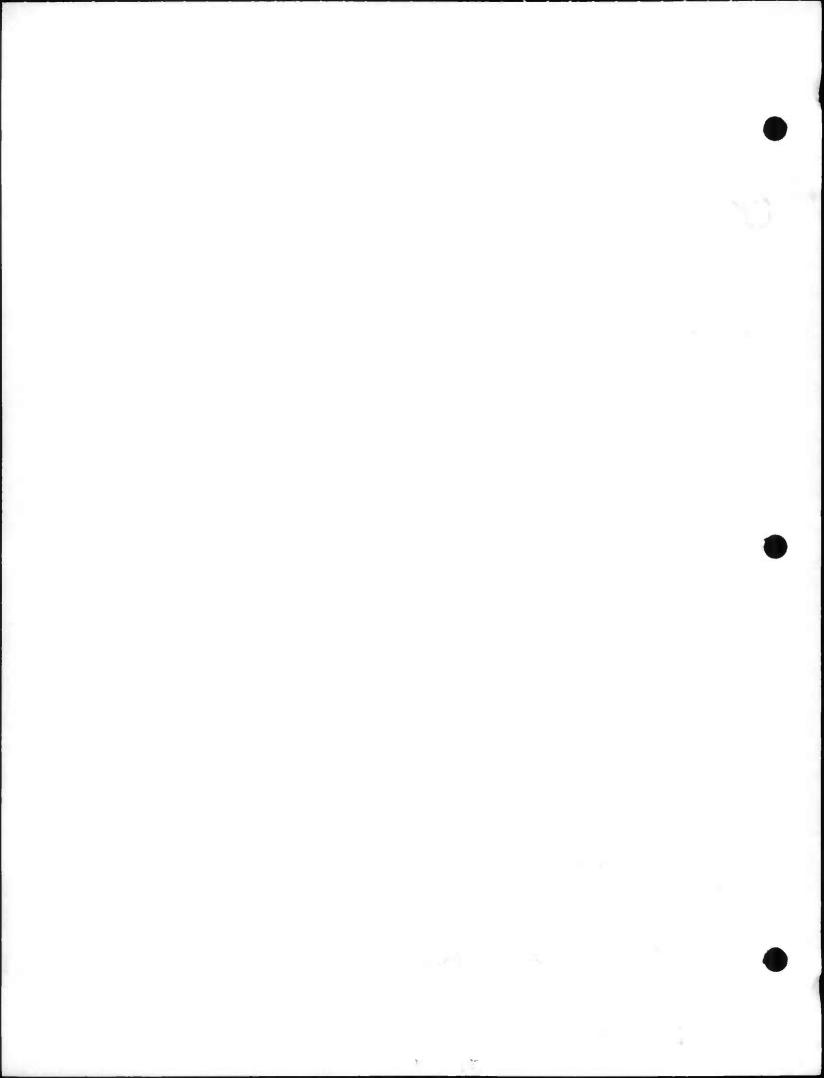
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLAND			T OF HEALTH AND E OF DEATH	MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE O	F DEATH			3. TIME OF DEATH
	Homer Ke	enneth G	February					993	5:36 PMM	
. 1		CIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthde				7. DATE O				PLACE (State or Foreign
	247-44-9609	X ^{41 2} □ F 59	YRS.	MONTHS	DAYS HOURS MIN.		3/193	4		rtanburgSC
	9e. FACILITY NAME (If not institution, give street	t and number)		9b. CITY	, TOWN OR LOCATION OF D				TY OF DE	
O.	Doctors Hospital			La	nham			Prin	ce C	George's
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	y TOWN	OR LOCATION					10d. INSIDE CITY
DIRECTOR	Maryland Prince	George's		heve					- 1	LIMITS?
	10e. STREET AND NUMBER	debi ge s	1 0	ileve	10f. ZIP CODE			10a, CITIZ		1 SKES 2 NO
FUNERAL	6415 Landover Roa	nd #102			20785			- 11	S.A.	
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S.	ARMED	13.	WAS DECENDENT OF HISPA	NIC ORIGIN?	(Specify Yes		14. RACE	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 FYES, GIVE WAN OR DATES	NO		If yes, specify Cuban, Mexica 1 TES 2 NO Specif		can, etc.)		Black, Specify	White, atc.
										White
	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted)	OECEDENT'S (Give kind of vite. Do NOT us	vork done	CCUPATION during most of working	16b. I	CIND OF BUS	INESS/IND	USTRY	
7	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	Forem			6	afewa	.,		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		i oi eiii	all	18. MOTHER'S NA					
BE C	Jasper Newton Gat	tes			Sara L			our rainey		i
TO B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street and Number or Rural			r, State, Zip	Code)	
F	Marjorie A. Gates		6415	Lanc	dover Road	#102,	Chev	erly,	, MD	20785
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal	20h PLAC	FAND DATE	ne niepos	SITION (Name of	DATE	200 100	CATION - C	My or Tow	en State
	4 Donation 5 Other (Specify)	Metr	opólit	an (Crematory 2	/3/93	Ale	exanc	dria,	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENS	M .		F	NAME AND ADDRESS OF FA	n's Sc	ns F	unera	al Ho	ome
	rack N	Trieno	<u>L</u>	4	739 Baltimor	e Ave	enue,	Hya	ttsvi	lle, MD
	23. PART. Enter the diseases, or com shock, or heart failure. List	plications that caused the of tonly one cause on each lie	death. Do r	ot enter	the mode of dying, suc	ch sa cardia	c or respi	ratory arm	est,	Approximate
				0	- 10					interval Between Onset and Death
	disease or condition	Acute R	Dua	K_	taillise					
_	<u>,</u>	DUE TO (OR AS A CONS	EQUENCE OF	F):		,	Co.	, , ')	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	Swell Colors Due to (or as a cons	EQUENCE OF	occio	iona ot (ang	(/(1 4	/	
CAT	cause. Enter UNDERLYING	with Hale	640	26	vode water	stace	av	rl]
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	EQUENCE OF	S:	, ,				-	
Ä	resulting in death) LAST	DUE TO (OR AS A CONS With His Gas DUE TO (OR AS A CONS EX YENSIVE	Hepa	tre	metastas	28				
AL C	PART II. Other significant conditions of	ontributing to death but not					4a. WAS AN		24b.	WERE AUTOPSY FINDINGS
₫	Hyper Ca				$c \sim c \sim c$		PERFOR	MED?	1 1 2 2 2	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Charmic	Obstruis	tivo	1	me de	- P	YES 2	∐ NO		OF DEATH?
2 3	Passible male	Smart Lu	and the	wer	of ben 8	0				THE 152 5 11 HO
¥	25. WAS CASE REFERRID TO MEDICAL EXAMINER?	0	3	-	DE PLACE OF DEATH (CA	eck only one)				
Sic	A CO Mark in Continue	OSPITAL:	3 DOA	4 Hu	R: sing Home S Residence	6 C Other /	Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	39b. TIM	E OF URY	28c. INJURY AT WORK?	28d. DESC	RIBE HOW IN	LIURY OCC	URED	
B	1 Natural 5 Pending 2 Accident Investigation			м	1 TYES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, e	dreet, fact	tory, office		TON (Street at Town, State)	nd Number o	or Aural Ao	rute Number,
Ē	200 CENTIFIED V									
COMPLET		N: To the best of my knowledge,								
8		On the basis of axamination and/o	r Investigatio	n, In my c	opinion, death occured at the	time, data a	nd place, and	d due to the	cause(a)	and menner as stated,
BE	296 SIGNATURE AND VITLE OF CERTIFIER	0 ()	1		29c. LICENSE NUI	MBER	1 -7	. 7	SIGNED (Month, Day, Year)
<u>و</u> ا	30. NAME AND ADDRESS OF PERSON WHO CO	Let m	<u>U</u>	0.17	1 1) 2	04	1 4	10	2	13
	4000 Litte L. 1) Q1	CLE CAUSE OF BEATH (IT			, MD	20	711			
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	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
	P	E.

30. NAME AND ADDRESS OF PERSON

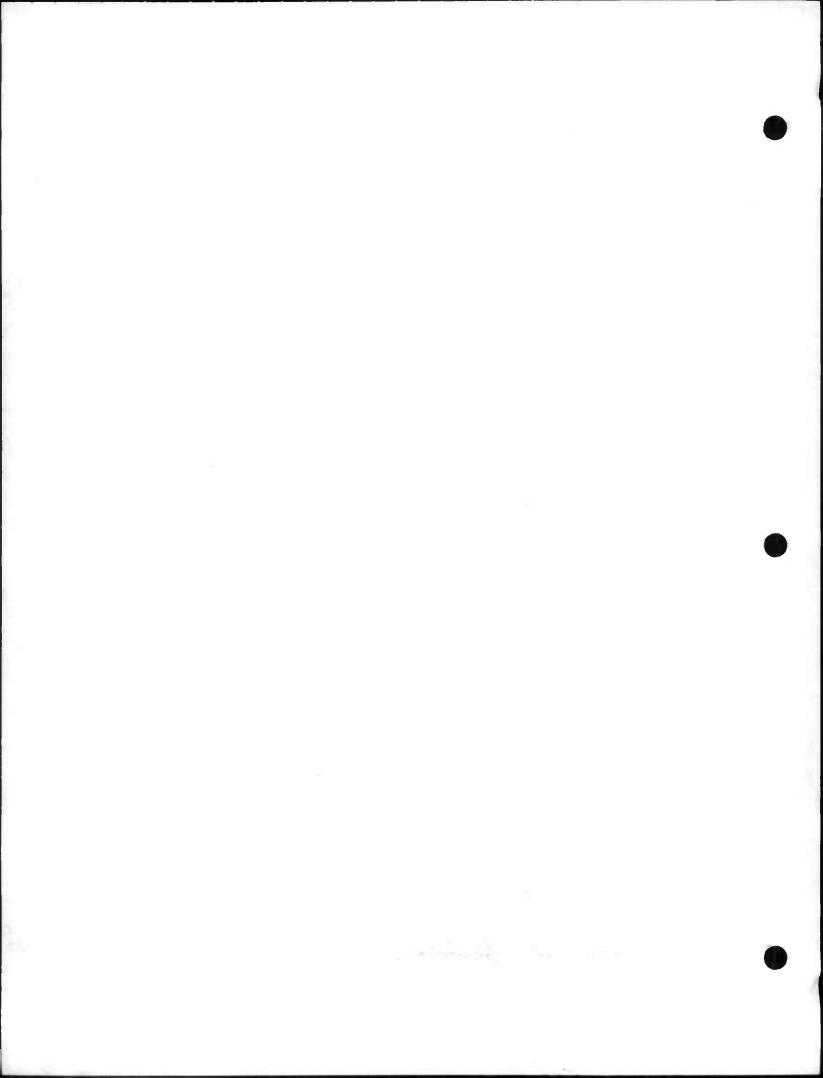
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		1 - STATE REGISTRAR	STATE OF MARY					EALTH A		ENTAL HYGIEN	Ε		
)	7	1. DECEDENT'S NAME (First, Middle, Lest) EARLP.	PIBSON			·				DATE OF DEATH DA	×7.	YEAR 3.	TIME OF DEATH P
-		4. SOCIAL SECURITY NUMBER 577-18-9104	5. SEX 6. AG	GE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER 2		DATE OF BIRTH (Month, Day, Year) 3/20/14		Country)	ACE (State or Foreign
	œ	9a. FACILITY NAME (If not institution, give str		Doine		9b. CITY	, TOWN O	R LOCATIO	N OF DEAT		Wash., D.C.		
	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	D TIOS	PITA		Y. TOWN	OR LOCAT	INI	00		PRINCE GEORGE		
permit. Pag		D.C.	N/A				ngt	on	8			1	LIMITS? X YES 2 NO
Si	FUNERAL	5351 Hayes	s St., N.E				101.	ZIP CODE	0019		U.S.A.		
ending physician. as the burial-transit	BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 XN			If yes, spe		, Mexican, I	ORIGIN? (Specify Yes Puerto Rican, etc.)			
Ital or attend	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	e kind of v Do NOT us	work done se retired.)		st of working		16b, KIND OF BUS				
he hospital o detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Sec	curi	ty	Off	icer		D.C.G		nmen	t
uld be d	BE 0	Charles P	. Gibson	Gibson - Es 19b. MAILING ADDRESS (Street and Number or Plut							kner		
be retained I ge 5 should e notified	5	LillieM. Gibsor	1					10 al			n, State, Zip	Code)	
e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1 Description 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, cremetory or other place) Harmony Mem. Park 3/13/93 Landover, Md.											
after death. Page 6 m by the funeral director, smoval.		21. SIGNATURE OF FUNERAL SERVICE LICE	M. P	r att	_	22.	H S	D ADDRESS	s of FACIL	gton & S ghs Ave	Sons	inc	
executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran o burial, cremation, or removal. matic event, the medical examiner must be notifiled at once.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO JOH AS A CONSEQUENCE OF:											
sertificate be ing physician ygiene prior t other traus	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
8 4 5 5	O	PART II. Other significant conditions	contributing to deati	h but not re	sulting	In the ur	derlylna	cause d	van in Pa	rt I. 24a. WAS AN	Almoney	245 945	ERE AUTOPSY FINDINGS
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be flied within 72 hours after death with the State Dept. of Health and MINIMPORTANT: If Item 28 is marked, or Item 23 shows any Injun	N: MEDICAL									PERFOR	MED?	AM CC OF	ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
cate has State De	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:		- 500	OTHE		ACE OF DE	ATH (Check	only one)			
NG PHYSICIAN fler this certifi bath with the marked, or	Y PHYSICIAN:	27. MANNER OF DEATH 1 X Netural 5 Pending	1% Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	ay Y	28b, TIM		28c. INJU	JRY AT	2	Other (Specify) 8d. DESCRIBE HOW II	NJURY OCC	URED	
ATTENDING ECTOR: After s after deat n 28 ls m	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At hon Specify)	ne, farm, s	street, fact	ory, office		2	81. LOCATION (Street a City or Town, State)	nd Number (or Rural Rout	e Number,
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours MANT: If Itom	COMPLET	2 MEDICAL EXAMINER	IAN: To the best of my kn										nd manner as stated,
TO THE HOSPI TO THE FUNEP Be filed within	TO BE	296, SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	AC DEATH (ITEM	le ma	Li	Į	29¢. LICEN	SE NUMBE	535	29d. DATE	SIGNED M	18/93

OLD BRANC

Mandall.

32. REGISTRAR'S SIGNATURE



REG. NO

2. DATE OF DEATH

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per detached for use as the burial-transit iours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 funeral director, page 5 should be the attending physician and completely filled in by the if Mental Hygiene prior to burial, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760. been signed by th Dept. o r this certificate he DIRECTOR: After the hours after death w e FUNERAL DIN.
vithin 72 hours.
VT: If Item 28 TO THE HOSPITA
TO THE FUNERA
De filed within 73
IMPORTANT: II

3. TIME OF DEATH Hampton 7. DATE OF BIRTH Geneva 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthde IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F Knoxville TN 49 408-84-1639 Se. FACILITY NAME (If not institution, give stree 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MAN So. DIRECTOR MINCE GEONDES RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Prince Georges Clinton TYPES 2 | NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 20735 5331 W. Boniwood Street WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XX 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican,

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) ege (1-4 or 5+) P.G. Bd of Education Teacher 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Annie L. Newton notified at Robert S. Thomas BE 19a. INFORMANT'S NAME (Type/Print) 19th MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)
5331 W. Boniwood St., Clinton, MD 20735 2 Wade Hampton Pa 20s. METHOD OF DISPOSITION

Sourist 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 3-4-93 Suitland MD must Washington National Cem 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY Strickland Funeral Service 9507 Silver Fox Turn, Clinton, MD 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Finei** the disease or condition 4 Derbensive arteron lustro cardivas culy event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMEO? shows any 1 | YES 2 | 1 YES 2 NO 25. WAS CASE REFERRIED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 | Inpatient 2 | ER/Outp me 5 🗆 Residence 8 🗀 Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 🗌 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and BE 29d. DATE SIGNED (Month, Day, Year) 2

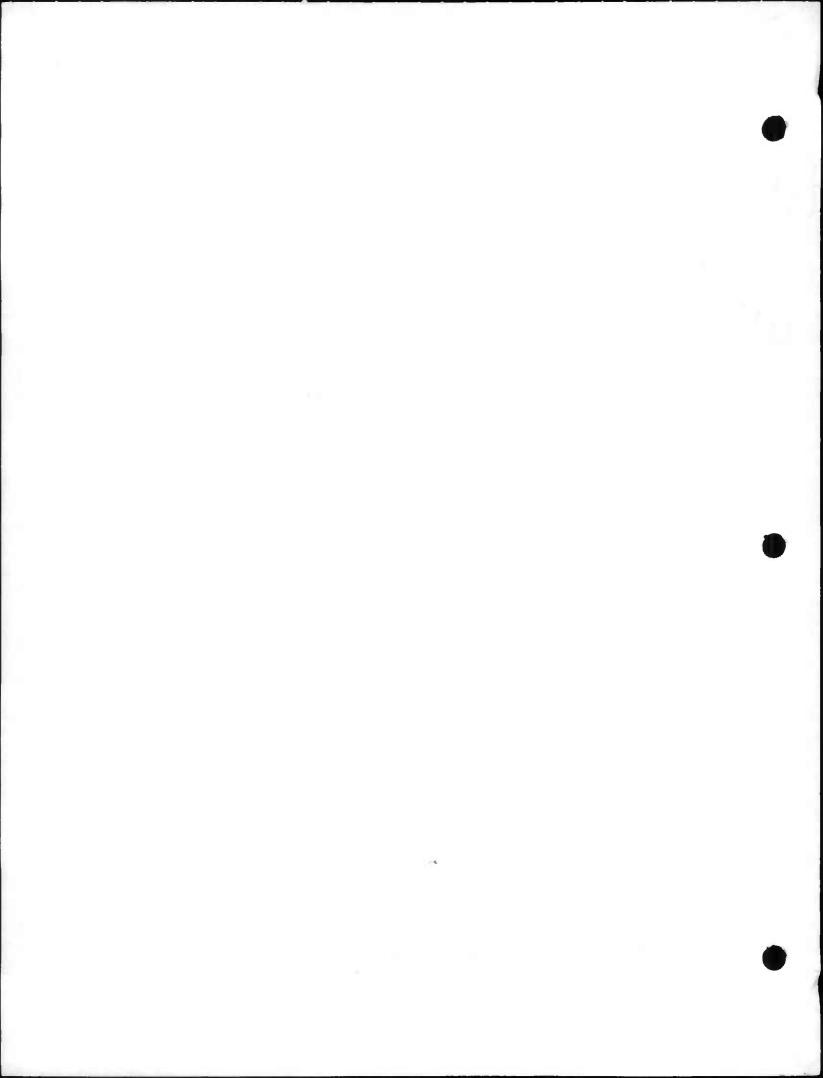
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	100	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RI

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH () 2 John Albert Huntt 8:00 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. & RIETHPI ACE (State or Foreign 9/8/1924 578 24 3890 130XM 2 - F 68 Washington D.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Bowie XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. Box 892 20718 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? NO YES 2 2 NO 1 Never Married 2 1 Married 1 TES 2 NO Specify: BY Specify.White 3 Widowed 4 Divorced No COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Flomentary/Secondary (0-12) College (1-4 or 5+) 12 Self Employed Real Estate Broker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Martha John Huntt (Unknown) BE 19a. INFORMANT'S NAME (Type/Print)
Rose Mary Huntt 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 P.O. BOX 892 Bowie Maryland 20718 20a. METHOD OF DISPOSITION

XIX Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Lincoln Cemetery 3/4/93 Brentwood Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. our 16000 Annapolis Rd. Bowie Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only Dne cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition_ servita resulting in death) DUE TO (OR A SEQUENCE OF Metastatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Ho ne 5 🗆 Residence 6 🗀 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, BE 29c. LICENSE NUMBER Day, Year, 025499 2 7/1 2 30. NAME_AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) La poste 86 ochrane 31. DATE FILED (Month, Day, Year)
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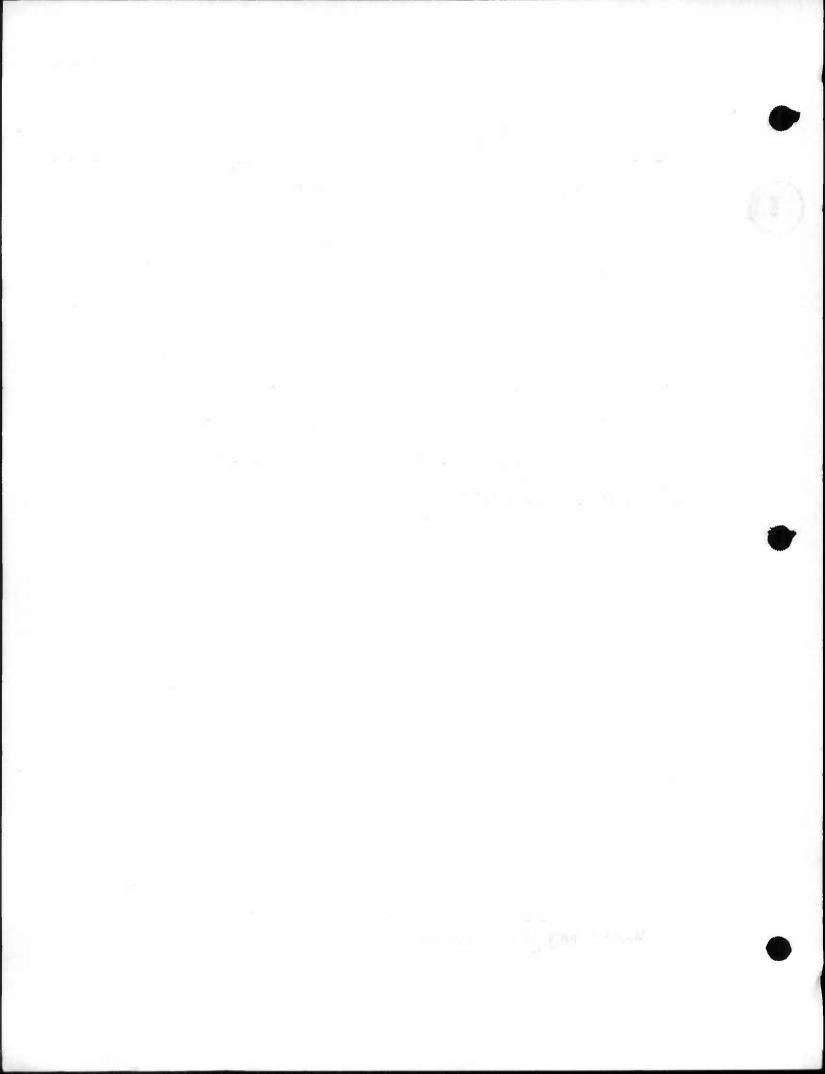
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	ITEMS: 25, 27, 28b,c,d,e	,f, PER	MEO (G-699 5/	15/93 t	.t/s.	W		93	07	497
	1 - STATE OF M	ARYLAND / CE	DEPAR	TMENT OF	HEALTH OF DEAT	AND I			-	0 /	
		nan					2. DATE OF MONTH) Di	"26 1	943	0340 AN
	4. SOCIAL SECURITY NUMBER 5. SEX 705-16-6841 XXM 2 □ F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YE	's Hours	MIN.	(Month, Day, Year) Coo			N.C	
TOR	9e. FACILITY NAME (If not institution, give street and number) Wellington Manor Nursing RESIDENCE OF DECEDENT	Home			N OR LOCATI	ON OF DE	EATH		100000000000000000000000000000000000000	nty of dea	eorges
DIRECTOR	D.C. 10b. COUNTY			shingt		,					0d. INSIDE CITY LIMITS?
FUNERAL	4720- 8th Street, N.W.				10f. ZIP COD	11			U	.S.A.	AT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2 N	MED O	If yes	DECENOENT C , specify Cube YES 2 NO	n, Mexica	n, Puerto Rica	Specify Yea in, etc.)	or No—	14. RACE — Black, V Specify: Bla	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Gh	ne kind of v Do NOT us			ng	16b. Kt		SINESS/IND		<u>uk</u>
COMP	12th 17. FATHER'S NAME (First, Middle, Last)		Chef		18. MOTI	HER'S NAI	ME (First, Midd	N/A	Surname)		
TO BE	Syvalia Hyman 190. INFORMANT'S NAME (Typo/Print)	19b.	MAILINO	ADDRESS (Sm			Candio		n, State, Zip	Code)	
۴	Mary L. Hyman	20b. PLACE A	ND DATE (8th S	(Name of	N.W	DATE 20C. LOCATION — City or Town, State				
	TXBuriet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Glenw	ood o	Cemete	ry E AND ADORE CKett	SS OF FAC	3/1	Was	sh.,	D.C.	
L	Aprilto W. H	acked		81	4- Ups	hur	Stree	t, N.	W.		
	23. PAPT I. Enter the diseasee, or complications that ehock, or heart failure. List only one cause immediate Cause (Finel disease or condition resulting in death)	ceused the decise on each line.			mode of dyl	ing, such	n ae cardiec	or reepi	ratory arr	eat,	Approximate Interval Between Onset and Desth
TION	Sequentially list conditions, ff any, leading to immediate b. Sequentially list conditions Sequentially list conditions										
RTIFICATION	that initiated events	CHTAL DR AS A CONSECU NO DILE	A	1 Mala	it						5 months
AL CE	PART II. Other eignificent conditions contributing to co			n the underl		given in i	Part I. 24	e. WAS AN PERFOR			ERE AUTOPSY FINDINGS
: MEDICAL							1	YES 2		01	WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 1 1 1 1 pottent 2 1	FR/Outpetient 3 (T DOA	OTHER:	PLACE OF D					1	
	27. MANNER OF DEATH 28s. DATE OF II	NJURY (Year)	28b. TIM!	E OF 28c.	INJURY AT WORK?		28d. DESCRI		JURY OCC		DRIVER
	2 A Accident										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of n medical EXAMINER: On the basic of examiner.						to the cause(a) and man	ner aa stat	ed.	nd manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WALLEN RIP				D	RISE NUM	62		12	126/9	Porth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE NORTON BLSON GS	~ - 7	27) (Type, C185	Frint) Roll	Hya	the	lle M	P 20	782		
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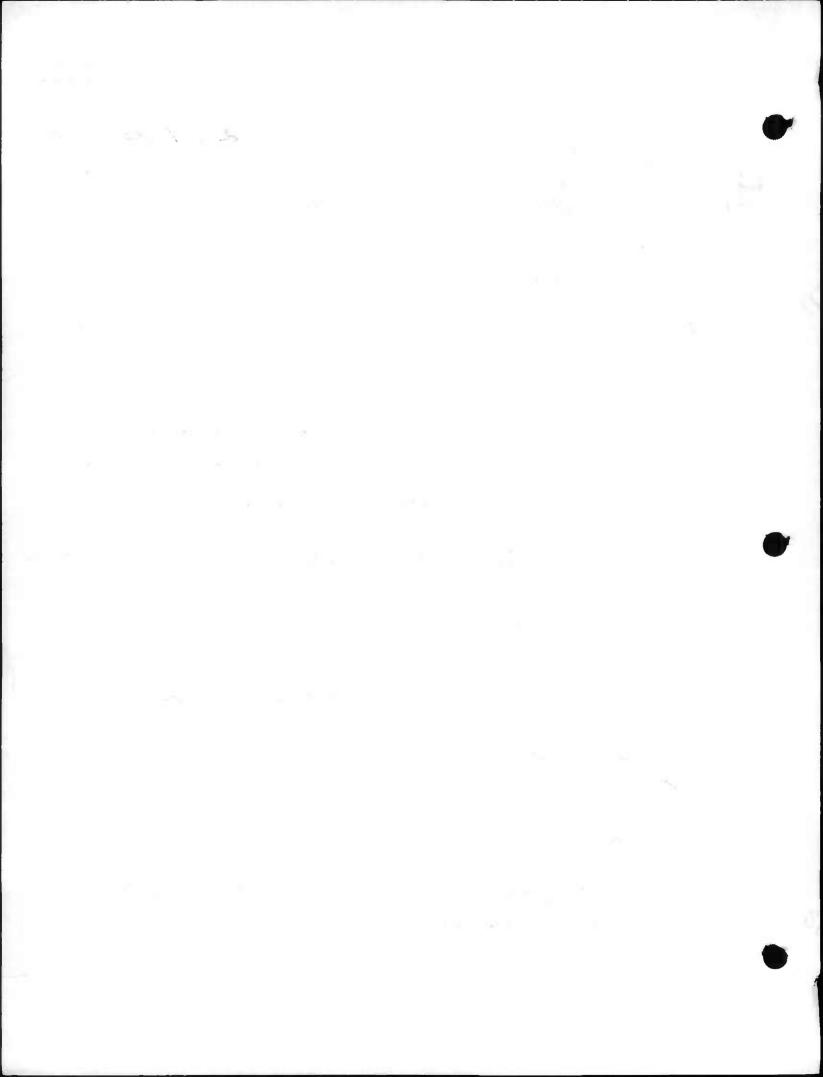
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	The state of the s
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	REGISTRAR		CERTIF	CATE OF	DEATH	REG. N	0.		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	PHILIP CHRIS	STIAN	HAGEDOF	RN		08 199	EAR	10:30A	
	4. SOCIAL SECURITY NUMBER 5. SEX	The same of the sa	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign
		(Month Day)						Country)	Virginia
_	9a. FACILITY NAME (If not institution, give street and nur	nber)			OR LOCATION OF D	EATH	9c. COUNTY	OF DEA	тн
DIRECTOR	50 Decatur Avenue			Anna	polis		Anne	Arm	ndel
E	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			1	Od. INSIDE CITY
MD Anne Arundel Annapolis								- 1	LIMITS?
10e. STREET AND NUMBER 10f. ZIP CODE							10g. CITIZE	N OF WH	AT COUNTRY?
FUNERAL	50 Decatur Avenue				2140				States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS E FORC IF YES	DECEDENT EVER IN U ES? 1 TYES B, GIVE WAR OR DATE	S. ARMED 2 MO	If yes, s	CENDENT OF HISPA Decity Cuban, Maxico 3 2 XNO Speci	NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y:	es or No— 14	Black, Specify:	- American Indian, White, atc. White
입	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	10		USUAL OCCUPATI		16b. KIND OF B	USINESS/INDUS	TRY	
<u> </u>		(1-4 or 5 +)	life. Do NOT us	rork done during m e retired.)	ost of working				
<u> </u>	5 ple	ıs	Teac	her		S	chool		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
BE	William Henery Hagedo	irn_				eta Maguir			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			
٦	Nancy Hagedorn					nnapolis,			
	20s. METHOD OF DISPOSITION 1 D Burlet 2 Premetion 3 D Removal from 5	tata (themete	ry cremetory or of	F DISPOSITION (N her place)		1	OCATION — CIT		
	4 Donation 6 Other (Specify)) //Et	Linco	en Cremo	itory O	3-109-93 B	rentwo	nd,	Maryland
	(11. 1111111111111111111111111111111111	11/		22. NAME A	NU ADDRESS OF FA	GLITY TAYLO	or rune	rai.	Home 40
	Muld a le	you				Bloucester			ous, mu
	23. PART i. Enter the disease, or complicate ehock, or heert fellure. List only immediate Cause (Finel disease or condition resulting in death)	pone couse on each	h ilne.	ot enter the mo	ode of dying, aud	h as cerdiac or rea	piratory arrea	t,	Approximate interval Between Onset and Death
		DUE TO (OR AS A CO):		·			
<u>ج</u> ا	Sequentially list conditions, b.	Sarcou	na						6 months
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윤	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	raen	y ou	108			7 years
CERTIFICATION	resulting in deeth) LAST	,		,					
뜅	6.								
DICAL	PART II. Other algolificent conditions contribu	iting to death but	not resulting is	n the underlyin	g ceuse given in		N AUTOPSY PRMED?	A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION DE CAUSE
						1 _ YES	2 XXNO		F DEATH?
PHYSICIAN: ME						-		1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			20.0	ACC OC BEATH (O)				
<u>5</u>	EXAMINER? HOSPIT			OTHER:	LACE OF DEATH (Ch				
έ∥		DATE OF INJURY	28b. TIME		IURY AT	8 Other (Specify) 28d. DESCRIBE HOW	IN HIEW COOKE	350	
	Natural 5 Pending	Month, Day, Year)	INJU	JRY WO	YES 2 NO	200. DESCRIBE NOW	INJUNY OCCUP	TEU	
B	2 Accident Investigation 3 Suicide 8 Could not be 26s.	PLACE OF INJURY -	At home, farm, s			281. LOCATION (Street	and Number or	Pural Pou	de Number
쁘	4 Homicide distarmined	building, etc. (Specify)				City or Town, State	9)		, and the same of
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COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the b							eusels) =	ind manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	CATE OF CALL		, spinositi					
H H		1 2 2 2 2	110		29c. LICENSE NUI	WIBER	K		fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET	TO CAUSE OF DEATH	(ITEM 27) /5	Deint)	1207	67	Ma	vich	08, 1993
					A 10 10 0 10 0	p: un o	1101		
	David Barnes, M.D.	EGISTRAR'S SIGNATI	me	nu 11 300	Armapo	us, MU 2	1401		
	31. DATE FILEMAROUN 1993 File	EGISTRAR'S SIGNATU	Mandelle						1



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation.
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		REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO).				
	100	1. DECEDENT'S NAME (First, Middle, Lest) AGNES MAY HAHN			2. DATE OF DEATH	DAVY 9 3 3. TIME OF DEATH 0625 M				
	-		E (In yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 I MONTHS DAYS HOURS M	PRS. 7. DATE OF BIRTH (Month, Day, Year) 1/9/1920	8. BIRTNPLACE (State or Foreign Country) MD				
A STATE OF THE PARTY OF THE PAR	da 3	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION		9c. COUNTY OF DEATH				
	DIRECTOR	Frederick Memorial Hospital	e l	Frederick		Frederick				
0	REC	10a. STATE 10b. COUNTY		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?				
nit. P		MD. Frederick		Thwrmov	t	1 YES 2 NO				
5-0020 ending physician. as the burial-transit permit.	FUNERAL	312 N. Church St.		101. ZIP CODE 21788		10g. CITIZEN OF WHAT COUNTRY? USA				
20 ysiciar rial-tra	J.	11. MARITAL STATUS 12. WAS DECEDENT EVER	I IN U.S. ARMED	13. WAS DECENDENT OF H	ISPANIC ORIGIN? (Specify Yelexican, Puerto Rican, etc.)					
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran	B	1 Never Married 2 Married 3 Wildowed 4 Diverced PORCES? 1 YE IF YES, GIVE WAR OR		1 TYES 2 TO NO		spocity: white				
	百日	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	JSUAL OCCUPATION ork done during most of working	16b. KIND OF BU	ISINESS/INDUSTRY				
MARYLAND 2121 retained by the hospital or att 5 should be detached for use	COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Me. Do NOT use	retired.)						
AND the hospit detached	WO	17. FATHER'S NAME (First, Middle, Last)	baker	18 MOTHER	S NAME (First, Middle, Maiden	y store & restaurant				
YL/	6 111	Newton Six			a Cauliflowe					
MARYLA retained by the 5 should be det	19	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or						
		Paul Hahn, Jr.	14033	3 Pryor Rd., 7	hurmont, Md.	. 21788				
BALTIMORE, after death. Page 6 may be wy the funeral director, page moval.		20a. METHOD OF DISPOSITION 1 [X] Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	FDISPOSITION (Name of	L Gardens 2/93 Frederick, Md.						
TIN. Pag		21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS	F FACILITY Home	P.O. Box 1819				
BAL er death the fund val.		Manda L Lem	mer	Frederick,	Md. 21702	1.0. 50% 7577				
within 24 hours npletely filled in teremation, or rel		23. PART I. Enter the diseases, or complications that caus shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)	each line.		such as cardiac or resp	Approximate Interval Between Onset and Death				
P.O. BOX 68 th certificate be executed physician and I Hyglene prior to burn the property of the prior to burn the property of the prior to burn the property of the prior to burn the property the prior to burn the property the prior to burn the property the prior to burn the property the prior to burn the property the prior to burn th	5 15	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
RDS at the de by the and Men	AL O	PART II. Other significant conditions contributing to death	but not resulting in	the underlying cause give	n in Part I. 24a. WAS AN					
O = 8 = 8	MEDICAL	upped got soin	estra,	Jan 19	1 YES	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AL he law he law	SICIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT	H (Check only one)					
VITAL CIAN: The law prificate has the State Dept	Sic	EXAMINER? 1 YES TO TO TO THE PROPERTY OF THE		OTHER: 4 Nursing Home 5 Resident	ence 6 Other (Specify)					
ION OF V NDING PHYSICIA R: After this certific of death with the		27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 2 Accident Investigation		OF 28c. INJURY AT WORK? M 1 YES 2 N	28d. DESCRIBE NOW	INJURY OCCURED				
S Hote	3 2	- Latitudini	RY — At home, farm, st pecify)	reet, factory, offica	281. LOCATION (Street City or Town, State,	and Number or Rural Route Number,				
D OR DIR	LET	29a. CERTIFIER (Check only Check only Inc.)	owledge, death occurred	d at the time, date and place, an	I due to the cause(s) and me	nner as stated				
SPITAL IERAL III 72	: 3	one) 2 MEDICAL EXAMINER: On the beels of exeminat								
TO THE HOSPITAL TO THE FUNERAL TO THE FUNERAL TO THE PROPERTY. IT IS TO THE FUNERAL TO THE PROPERTY TO THE PRO	U U	29b, SIGNATURE AND TITLE OF CERTIFIER		29c. LICENS	NUMBER	29d. DATE SIGNED (Month, Day, Year)				
E E S E	10 B	WE mailer		D12	1373	24/42				
	[30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D William O. Miller, M.D. 14			rich Md 01	701				
		31. DATE FILED (Month, Dey-Hand) FEB 1 2 320 REGISTRARYS SIG	ENATURE 2 NOW A RESERVED AND A RESERVED A RESERVED A RESERVED A RESERVED A RESERVED A RESERVED A RESERVED A RESERVED A RESERVED A RESERVED A RESERVED A RESERVED A RESERVED	indelle	rucie, Mu. 21	701				
			•							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	NEGIGINAN			CENTIL	ICALL	_ Or	DEA	111		REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Las	es The	omas	HAMM	OND			2. DATE OF MONTH	oeath arv 1	4. 19	YEAR	3. TIME OF OEATH 12:10 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. last		irthday) IF UNDER 1 YEA		IF UNDER	24 HRS.	February 14, 1		1, 27	8. BIRTHPLACE (State or Foreign	
	217-10-9065	1 🗆 M 2 🗆 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	June 20, 1911		011	Country	
	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF DEATH									
~							EATH			NTY OF O			
0	37 East Fif	th Street				Fred	deric	k			Fre	deri	CK
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN												
DIRECTOR					Y, TOWN C								10d. INSIDE CITY LIMITS?
	Maryland Fre	derick			Fred	eric	2K						1 X YES 2 NO
A	10e. STREET AND NUMBER			10	H. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?		
BY FUNERAL	37 Ea	st Fifth	Street				217	'01			U.	S.A.	
ള	11. MARITAL STATUS	12. WAS DECEOEN	-	ARMED	13	WAS DE			NIC ORIGIN? (Casally Van			- American Indian,
ᄪ	1 Never Married 2 Nerried	FORCES?	YES 2	NO		If yes, sp	pecify Cube	en, Mexica	in, Puerto Rici	in, etc.)	01 140-	Black	, White, atc.
<u>`</u>	3 Widowed 4 Divorced	World W	MAR OR DATES			1 🗍 YES	s 2 □X90	Specify	y:			Specif	White
	15. DECEOENT'S E			DECEDENTIO	1	00101							willte
	(Specify only highest gra		108	Give kind of life. Do NOT us	work done	during m	ost of working	ng	166. KI	ND OF BUS	INESS/INC	DUSTRY	
ובו	Elementary/Secondary (0-12)	College (1-4 or 5	+)						C			- C	
₹)			Shop	Stew	ard			C	onstr	ueti	on C	ompany
COMPLETED	17. FATHER'B NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mide	tle, Maiden	Sumeme)		
BE			Unk	nown				Dai	SV		Ha	mmon	d
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street	end Numbe	r or Rural I	Route Number,	City or Town	n, State, Zip	Code)	
임	Mrs. Nancy L. De	avers							Frede				701
	20a, METHOD OF DISPOSITION	averb	20h BL 4	CEANDDATE				,	OATE		CATION —		
	1 Ty Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cemetery	, crematory or o	ther place)	MINORIN	arne or		- 2 1 C	02 N	CATION —	1 1	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LOCHOCC	_ Har	mony B			ND ADDRE			193 F	iyers	ATTT	e, Maryiano
	21. SIGNATURE OF FUNERAL SERVICE		0		Z2.	OTO S	T S. T	ss of fa	ord D	Δ F3:	mara	1 Ho	mα
	Allan	AR	woy	M0070	3 110	6 E	y u I	hurc	sh Str	not	Frod	.I. 110	me d. 21701
	23. PART I. Enter the diseases, o	r complications the	at caused the	death Do	ot enter	the me	abl C	ing auc	h se cerdie	eet,	rred	171	Approximate
	shock, or heert fallure	e. List only one cer	use on each	line.	_			mg, au		or respi	atory are	COL,	Interval Between
	IMMEDIATE CAUSE (Final	DF	- 2			La	1/	15	-				Onset and Death
	disease or condition resulting in death)	a	>//4	Horn		7 m	10	16					
		DUE TO	(OR AS A CO	NSEQUENCE O	12 /			/	ANKE				
Z	Sequentially list conditions,	· Me	14)	tolke		UV	15	C /	take				
CERTIFICATION	If any, leading to immediate	OUE TO	(OR AS A CON	NSEQUENCE O	F):								
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
프	that initiated events	OUE TO	(OR AS A CO	SEQUENCE O	F):								
ᇤ	resulting in death) LAST	d.											
EDICAL	PART II. Other significant condition	ons contributing to	death but n	ot resulting	In the un	nderiyin	g cause	given in	Part I. 24	a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
용									1	YES 2			COMPLETION OF CAUSE
													OF DEATH?
2									-				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 0	ACE OF D	EATH ACL	eck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	Lorl		OTHER	R:		_					
₹	1 YES 2 NO	1 Inpatient 2					_	sidenca	6 C Other (S	pecify)			
표	27. MANNER OF OEATH 1 Nitural 5 Pending	28e. DATE OF (Month, L	Pay, Year)	28b. TIM	E OF	W	JURY AT DRK?		28d. DESCR	IBE HOW II	JURY OC	CUREO	
BY	2 Accident Investigation				м	1 [YES 2	NO					
	3 Suicide 8 Could not b	28e. PLACE C	OF INJURY A atc. (Specify)	t home, farm,	street, fact	tory, afflo	ce		26f. LOCATIO	ON (Street a	nd Number	or Rural R	loute Number,
2	4 Homicide determined								Oity or 1	OWII, Otato)			
COMPLETED	29a. CERTIFIER Check only	SICIAN: To the best of	f my knowledge	duath occurs	ad at the t	Ime dete	and place	and due	to the saves	a) and nov		and .	
ž.) end manner es stated.
႘		A			at, at my	opinion, i	Death Occu-	red at the	time, data en	a piece, en	3 00e to th	e ceuse(s	end manner es stated.
B	296 SIGNATURE AND TITLE OF CERTIF	IER // //	0				29c. LICI	ENSE NUA	WBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	10 8411r	TISV	mal	M	1)		11) 2	266	29		1	119	0 (5 5
F	30. NAME AND ADDRESS OF PERSON Y	VHO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	Print)								
	Dr. Joseph Ashwa	al MD. 50	6 Thoma	as Joh	nson	Dri	Ve	Fred	erick	Ма	217	02	
	31. DATE FILED (Month) Day, Year) 190	32. REGISTRA	AR'S SIGNATUR	RE .			V	TEU		TILLA		74	
1	FERI 4 18;	10 gual	willson-	Mandell	•								

